Subnut 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II

OIL CONSERVATION DIVISION P.O. Box 2088

| P.O. Diawer DD, Aresia, NAI 88210 | | Sa | nta Fe | New N | 1exico 875 | 04-2088 | | | | | |
|--|--------------------------------|----------------------|-----------|--------------|---------------------------|--|---|---|-----------------------|------------|--|
| DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874 | 10 | | | | | | | | | | |
| I. | | | | | BLE AND | | | | | | |
| Operator | | TO THA | NSP | OHI O | L AND NA | TUHAL | | API No. | | | |
| Amoco Production Company | | | | | | | 3004506127 | | | | |
| Address | | | | - | | | 1200- | 4J00121 | | | |
| 1670 Broadway, P. O | | , Denve | er, C | olora | | | | | | | |
| Reason(s) for listing (Check proper be | ×) | Change in | Тепперо | der of: | [_] Oth | er (Please exp | olain) | | | | |
| Recompletion | Oil | - | Dry Gas | | | | | | | | |
| Change in Operator | Casinghea | di Gas 🔲 | | | | | | | | | |
| If change of operator give name and address of previous operator | enneco Oi | 1 E & F | , 61 | 62 S. | Willow, | Englewo | od, Colo | rado 801 | 155 | | |
| II. DESCRIPTION OF WEI | | | | | | | | | | | |
| Lease Name | ling Formation | | | Lease No. | | | | | | | |
| BOLACK C LS | 15 BLANCO (ME | | | | SAVERDE) | | FEDE | ł | | | |
| Location | | | | | | | | | | <u> </u> | |
| Unit LetterL | . 180 | 00 | Feet Fre | m The F | SL Lin | e and <u>1180</u> | F | cet From The _ | 8WL | Line | |
| Section 33 Town | nship 27N | | Range8 | W | . N | мрм, | SAN J | ПІАН | | County | |
| | | | | | | | <u> </u> | OI III | | Codiny | |
| III. DESIGNATION OF TR. Name of Authorized Transporter of Or | ANSPORTE | R OF OII | L ANI |) NATU | RAL GAS | | 1:1 | | | | |
| CONOCO | · | | | | | Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1429, BLOOMFIELD, NM 87413 | | | | | |
| Name of Authorized Transporter of Ca | of Casinghead Gas Or Dry Gas X | | | | | | | LLU, NM 8/413 copy of this form is to be sent) | | | |
| EL PASO NATURAL GAS | COMPANY | | | | 4 | | | TX 799 | | , | |
| If well produces oil or liquids, give location of tanks. | Unit | Soc. | Twp. | Rge. | | | | | | | |
| [| | 1 | | l | <u></u> . | | | | | | |
| If this production is commingled with to IV. COMPLETION DATA | nat from any otne | eriease or po | ooi, give | comming | ling order numb | жег: | | | | | |
| D 1 7 60 | | Oil Well | G | s Well | New Well | Workover | Deepen | Plug Back S | ame Res'v | Diff Res'v | |
| Designate Type of Completion | | l | | | <u> </u> | | <u>i. </u> | ii | | Ī | |
| Date Spudded | Date Compl | l. Ready to I | Prod. | | Total Depth | | | P.B.T.D. | | | |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top Oil/Gas Pay | | | 7.11 | | | |
| | | | | Tubing Depth | | | | | | | |
| Perforations | | | | | | | | Depth Casing | Shoe | | |
| | | | | | | | | | | | |
| HOLE SIZE | TUBING, CASING AND | | | | | | | | | | |
| HOLE SIZE | CAS | CASING & TUBING SIZE | | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | † | | | |
| | | | | | | | | | | | |
| V Trot nata and the | HOT BAKE | | | | l | | | | | | |
| V. TEST DATA AND REQU OIL WELL (Test must be afte | | | | and muce | he equal to as | | bl. (it' | | 6 4 2 4 1 | | |
| Date First New Oil Run To Tank | Date of Test | a romane of | 1000 011 | una masi | Producing Me | | | | Jul 24 hour | 5.) | |
| | | | | | | | | , | | | |
| Length of Test | Tubing Press | Tubing Pressure | | | | Casing Pressure | | | Choke Size | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbis | | | Gas- MCF | | | |
| The parting true | Oil - Dois. | | | | Water - Doir | | | Gas- MCF | | | |
| GAS WELL | | | | | L | | | 1 | | | |
| Actual Prod. Test - MCI/D | Length of Te | Length of Test | | | | Bbls. Condensale/MMCF | | | Gravity of Condensate | | |
| | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | ,, si consumu | | | |
| lesting Method (pitot, back pr.) | | | | | | | | Choke Size | | | |
| Uf ones and | | | | | | | | <u></u> | | | |
| VI. OPERATOR CERTIFI | | | | Œ | | III CON | ISEBV | TION D | Meio | NI. | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | | OIL CONSERVATION DIVISION | | | | | | |
| is true and complete to the best of m | | | | | Date | Δηητούο | Ч | MAY 08 | 1989 | | |
| 1 1 st. | | | | | Date Approved | | | | | | |
| J. J. Slamplan | | | | | By | | | | | | |
| Signature J. L. Hampton S | r. Staff | Admin. | Sun | rv | -, | | SUFER | AI2ICM DI | STRICT | #3 | |
| Printed Name Janaury 16, 1989 | Title | | | | | | | | | | |
| | 1100 | | | | | | | | | | |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.