State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I .	TOT	RANSPORT O	IL AND NATURA	L GAS			
Operator		Weil API No. 300452385300					
AMOCO PRODUCTION COMPANY Address							
P.O. BOX 800, DENVER,	COLORADO 80	201	C) (0) (0)				
Reason(s) for Filing (Check proper box) New Well		e in Transporter of:	Other (Plea	зе ехрши)			
Recompletion	Oil Casinghead Gas	Dry Gas □ Condensate □					
Change is Operator L	Casingricad Cas	Continue					
If change of operator give name and address of previous operator							
II. DESCRIPTION OF WELL	AND LEASE	No. Pool Name, Inch	rding Francation	Kind	of Lease	Lease No.	
Lease Name TAPP LS	44	BLANCO MI	SAVERDE (PRO				
Location F Unit Letter	1850	Feet From The _	FNL Line and _	FNL Line and 1815 Feet From The FWL		FWL Line	
16 Section Townshi	28N	Range 8W	NMPM,	NMPM, SAN JUAN County		County	
III. DESIGNATION OF TRAN	SPORTER OF	OIL AND NAT	URAL GAS				
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent)							
EL PASO NATURAL GAS CO	MPANY	In n	P.O. BOX 14	92; EL PASC	TX 7997	'8 8'	
If well produces oil or liquids, give location of tanks.	Unit Soc.	L		1	•		
If this production is commingled with that	from any other leas	e or pool, give commi	ngling order number:				
IV. COMPLETION DATA	Oil 1	Well Gas Well	New Well Work	kover Deepen	Plug Back Sa	me Res'v Diff Res'v	
Designate Type of Completion		i	_i	1	1, 1		
Date Spudded	Date Compl. Ready to Prod.		Total Depth	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay	Top Oil/Gas Pay		Tubing Depth	
Perforations			Depth Casing S	ioe			
	TUBI	NG. CASING AN	D CEMENTING R	ECORD			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			TH SET	TO FE BAN	SIRS DEMENT	
					Id in it is	' 	
				11/1	1100 2 10	9()	
					AUG2 3 19	(40)-	
V. TEST DATA AND REQUE	ST FOR ALLO	WABLE	ust be equal to or excee	d top allowable for	IL COD	DIV:	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	in the contract of the contrac	Producing Method	Flow, pump, gas lift,	ac X DIST.	3	
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure		Choke Size	
			Water Dile	Water - Bbis.		Gas- MCF	
Actual Prod. During Test	Oil - Bbls.		water - Doir				
GAS WELL			Toble Candenson A	MCF.	Gravity of Con	dentale	
Actual Prod. Test - MCI/D	Leagth of Test		Doir Congensies	Bbls. Condensate/MMCF		•	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (S	Casing Pressure (Shut-in)		Choke Size	
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				OIL CONSERVATION DIVISION AUG 2 3 1990 Date Approved			
D. J. Shley			_ '	3 w Shand			
Signature Doug W. Whaley, Staff Admin. Supervisor			- '	SUPERVISOR DISTRICT 43 ;			
Printed Name Title July 5, 1990 303-830-4280			_ Title				
Date		Telephone No.	1			الكالة في المراجع المساوية الم	

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

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.

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.