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Appropriate District Office

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

DISTRICT I P.O. Box 1980, Hobbs, NM 88240			<i>y</i>	See Instructions at Bottom of Page	
DISTRICT II		ATION DIVISION			
P.O. Drawer DD, Artesia, NM 88210		Box 2088 Mexico 87504-2088			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8741	REQUEST FOR ALLOWA	ABI E AND AUTHORIZA	TION /		
I.		OIL AND NATURAL GAS			
Operator Amoco Production Con			Well API No.		
Amoco Production Con	nparry		3004524989		
	. Box 800, Denver, Colora				
Reason(s) for Filing (Check proper box New Well	x) Change in Transporter of:	Other (Please explain)			
Recompletion []	Oil Dry Gas				
Change in Operator If change of operator give name and address of previous operator Te	Casinghead Gas Condensate	·	0.1 1 . 001		
	enneco Oil E & P, 6162 S.	willow, Englewood,	Colorado 801	155	
II. DESCRIPTION OF WELL Lease Name	L AND LEASE Well No. Pool Name, Inch	uding Formation		Lease No.	
BOLACK	1E BASIN (DAF	•	FEDERAL	SF078580A	
Location	1715 East Sum The I	7SL 1115	1	FFT.	
Unit Letter	rea from the	FSL Line and 1115	Feet From The	Line Line	
Section 45 Town	iship 28N Range 8W	, NMPM,	SAN JUAN	County	
III. DESIGNATION OF TRA	ANSPORTER OF OIL AND NAT	URAL GAS			
Name of Authorized Transporter of Or		Address (Give address to which approved copy of this form is to be sent)			
CONOCO Name of Authorized Transporter of Ca	singhead Gas Tor Dry Gas X	P. O. BOX 1429, BLOOMFIELD, NM 8741 [X] Address (Give address to which approved copy of this form is to be			
EL PASO NATURAL GAS (COMPANY	P. O. BOX 1492, EL	PASO, TX 799		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rg	e. Is gas actually connected?	When ?		
If this production is commingled with the	hat from any other lease or pool, give commit	ngling order number:			
IV. COMPLETION DATA	loguen La ma	N Wall W. L	Daniel 100 - 10 - 10	Same Back back Back	
Designate Type of Completion	Oil Well Gas Well	i i i	Deepen Plug Back S	Same Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
Perforations			Depth Casing	Snoe	
	TUBING, CASING AN	D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SA	SACKS CEMENT	
 V. TEST DÁTÁ ÁÑD REQU	EST FOR ALLOWABLE	J			
OIL WELL (Test must be after	er recovery of total volume of load oil and mu			r full 24 hows.)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump,	gas lýt, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	Choke Size	
Actual Prod. During Test	Oil - Ubls.	Water - Bbls.	Gas- MCF		
Account Living Front 1000	Oil - Duis.	The state of the s			
GAS WELL					
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Co	Gravity of Condensate	
lesting Method (pitot, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shul-in)	Choke Size		
	ICATE OF COMPLIANCE	OIL COME	ERVATION D	NVISION	
I hereby certify that the rules and re Division have been complied with a		OIL CONS	LUAMHON F	NUICIVI	
is true and complete to the best of it		Date Approved			
(1. 1 Hz	npton				
Simplifure	•	Ву			
J. L. Hampton Printed Name	Sr. Staff Admin. Suprv. Title	Title			
Janaury 16, 1989	303-830-5025	little			

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.

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.