Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

I.

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TR	ANSP	ORT O	IL AND NA	ATURAL C	SAS				
Operator Among Production Co	Well API No.										
Amoco Production Company Address						3004525964					
1670 Broadway, P. (). Box 800	, Denv	ver, (Colora	do 8020	1					
Reason(s) for Filing (Check proper b	ox)	~			O	her (Please exp	olain)				
Recompletion	Oil	Change ii	in Transpo								
Change in Operator	Casinghea	ıd Gas	Conden								
If change of operator give name	Castiglica		Conocii	issue [A]			<u> </u>				
and address of previous operator											
II. DESCRIPTION OF WE Lease Name	LL AND LEA		Pool N	ame Inches	dina Possida						
RUSSELL COM	Well No. Pool Name, Inch 1E BASIN (DA							Lease No.			
ocation DASIN (DE					(OIA) FEL			DERAL NM003380			
Unit LetterE	: 145	50	_ Feet Fro	om The _F	NL Lir	e and	, F	eet From The _	FWL	Line	
Section 23 Tow	nship 28N		Range	8W	,N	мрм,	SAN J	UAN		County	
III. DESIGNATION OF TR	ANSPORTE	R OF O	IL ANI	D NATL							
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 X					P. O. BOX 4289, FARMINGTON, CO 8						
L PASO NATURAL GAS COMPANY					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1492, EL PASO, TX 79978						
If well produces oil or liquids,	Il produces oil or liquids, Unit Sec. Two. Rs					L is gas actually connected? When?					
give location of tanks.			<u> </u>	L	<u> </u>		i				
If this production is conuningled with IV. COMPLETION DATA	hat from any other	er lease or	pool, give	comming	ling order num	ber:					
Designate Type of Completi	on - (X)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	I. Ready to	Prod.		Total Depth	l	<u> </u>	P.B.T.D.		1	
Flevations (I)F PKR PT CP atc.)	rations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay					
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top OlvGat Pay			Tubing Depth			
Perforations					1			Depth Casing	Shoe		
		UDING	G 4 G11 1	<u> </u>							
HOLE SIZE		TUBING, CASING AND									
TIOLE SIZE	CAS	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
/ /PROTEIN A PROTEIN											
V. TEST DATA AND REQU OIL WELL (Test must be after								····			
OIL WELL (Test must be after Date First New Oil Run To Tank	r recovery of total	il volume o	of load oil	and must	be equal to or	exceed sop allo	wable for this	depth or be for	full 24 how.	s.)	
The state of the s	Date of Test	Date of lest			Producing Me	thod (Flow, pu	mp, gas lýt, e	(c.) [:-			
ength of Test	Tubing Press	Tubing Pressure			Casing Pressure			Clarke Size			
actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbis.			Gas- MCF		
									OIL CON		
GAS WELL									Discor o	= + 0 .	
ctual Prod. Test - MCF/D	Length of Te	ध			Bbls. Condens	ate/MMCF	,	Gravity of Cor	idensate		
esting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
					Coming 1 researce (Sing-In)			CHOICE SIZE			
I. OPERATOR CERTIFI	CATEOFO	OMPI	IANO	·F							
I hereby certify that the rules and reg	ulations of the Oi	il Conserva	alion		0	IL CON	SERVA	TION D	IVISIO	N	
Division have been complied with an is true and complete to the best of m	d that the information and	alion given	above		}						
	, morroge and	ocisci.		•	Date .	Approved	IA	UG 07 19	<u>89</u>		
J. J. Hamoton					3.1) 0						
Signature	7				Ву		11060	. The	<u> </u>	·	
J. L. Hampton S Printed Name	r. Staff	7	l'itle -	l i	T:41=	•	orenvis	ION DIST	RICT#	3	
Date 7/28/89		303-83		5	Title_						
		icicph	one No.	11							

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.