District I PO Box 1980, Hobbs, NM 88241-1980 District II

State of New Mexico
Energy, Minerals & Natural Resources Department

- 1

Form C-104 Revised October 18, 1994 Instructions on back fic**e**

811 South First, Artesia, NM 88210

OIL CONSERVATION DIVISION

pies RT

District III 1000 Rio Braz District IV	05 Rd., A2	lec, NM 87410		204	0 So	uth Pacl	Pacheco NM 87505				Submit to Appropriate District Off			
2940 South I'n		in Fe. NM 8756		ATTOWAR) T 1~	4 3 J Po - A -	. irms s o s					ENDED REPO		
	······································	TEQUES	Operator a	ALLOWAE	SLE /	AND A	UTHOR	IZAT	T OT NOI					
Amoco Production Company								000	³ OGRID Number 000778					
P.O. Box 800 Denver, CO 80201									Remon for Filing Code					
	Al'I Numb		``			· · · · · · · · · · · · · · · · · · ·			NW					
30 - 0 45-29247				Blanco Me	' Pool Nai Ardo	ne				* Poul Code				
Property Code				Didico In	Property N	*W¢			72319					
L	1141			rey D					1M					
Ul or lot no.	Surface	Location			r									
J					Feet from the		North/South Line		Feet from the	Enst/\	Vest line	County		
<u> </u>			ocation		1850		South		1610	Ea	st	San Juan		
UL or lot no.				Lot Idn	Feet from the		North/South line		Feet from the	East/West line				
									The state of the s	1200	, car mue	County		
" Ine Code F	12 Produ	cing Method C	ode 11 Gar	Connection Date	13	C-129 Peru	iit Number		C-129 Effective	Date	" C-1	129 Expiration Date		
III. Oil a	nd Gas	Transpor	rters					<u> </u>			<u> </u>			
" Тганцын			* Transporter Name			" POD " 0/G		" POD ULSTR Location			cation			
9018	018 Giant Ref		ining Co.			0		0	and Description					
3010	P.O. Box Scottsdal		12999 2 8			17535								
	51 50 50 50 50 50 50 50 50 50 50 50 50 50	l Paso Na				017					2 C E			
P.O. Box			4990			817536 G) 显(VE		
Farmingto			n, NM 87499-4990						JUN - 5 1996					
	Politocologi									חח כ		***		
									0		M(O)E	. DIV.		
									DECA					
V. Produ	ced Wa	aler								, N	120	1995 L		
2 R 1	1753	7				" POD UL	STR Location	u and De	scription (0) (1)	3(0)12	L TOURY		
		tion Data									diet.	3		
B Spud	Date		Rendy Dute "TD			H hustra								
7/12/95	7/12/95		2/13/96		331		" rato 5031 '		"Recognitions		DHC, DC,MC			
,	" Hole Size		22 Casing & Tubing Size			33 Depth Set						MC		
17.5	II		13.375"			75			200 sx C1 B			Cement		
12.25"			9.625"			2652								
6.25"			2.875"			5062'			950 sx C1 B					
1.25"						2625' tub:				······································				
1. Well 1	rest Da	r		1	······································			- cui	6	· · · · · · · · · · · · · · · · · · ·				
P. 41C 11C	Va	" Gus Del	livery Date	" Test I 1/30/96			Test Length		" Thg. Pre	annte	7 "	Cag. l'ressure		
" Choke Size		41	Oil		4 Water		24 hrs					80		
32/64		0	0						4 AOF			* Test Method F		
I hereby certify that the rules of the Oil Conservation Division have been complied ith and that the information given above is true and complete to the best of my						1300								
nowledge and belief.							OIL CONSERVATION DIVISION							
inted name: Patty Haefele							Approved by: 775							
l'atty laefele							SUPERVISOR DISTRICT #3							
Staff Assistant						Approval Date:								
If this is a change of operator fill in the OGRID number and name of the previ						JUN 2 6 1996								
ST THE THE CLIM	nge ut oper	utor till in the	OGRID numi	er and mane of t	he previ	ious operato	r							
i	Previous O ₁	scrator Signatu	ire .			Printed	Name							

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

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

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator (Include the effective date.)

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 Add das transporter 3.
 - - Add gas transporter
 CG Change gas transporter
 RT Request for test allowable (include volume requested)
 If for any other reason write that reason in this box.

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6 The pool code for this pool
- The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table:

 - Federal State Fee Jicarilla SPJ
 - N U
 - Navajo . Ute Mountain Ute
 - Other Indian Tribe
- The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift 13.
- MO/DANR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table:
 O Oil
 G Gas 21.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.] 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Junes CPD Water 24. (Example: Tank ,etc.)
- 25. MO/DA/YR drilling commenced
- 26 MO/DA/YR this completion was roady to produce
- Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD II openhole 29.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- 34. Number of sacks of cement used per casing string

If the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 35. MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well:

 - F Flowing
 P Pumping
 S Swabbing
 If other method please write it in.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 47.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 48.