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

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104
Revised October 18, 1994
Instructions on head ice ies

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811 South Firs District III 1000 Rio Braz					040 Soı	uth Pack	ION	Submit to Appropriate District Offi 5 Copi					
District IV 2040 South Pa				\$2	anta Fe,	, NM 8	/505			[AM	ENDED REPO	
I			ST FOR A	ALLOWA	ABLE A	ND A	JTHOR	IZAT	OT NOI	TRAN	SPORT	Γ	
Operator name and Address Amoco Production Compan									¹ OGRID Number 000778				
P.O. Box 800 Denver, CO 80201										Reason for Filing Code			
									NW				
⁴ Al'l Number 30 - 045– 29345			D = = 4 1	P 4 + 1 -	⁵ Pool Name				· Porl Code				
Property Code			basin i	Fruitlan	Property N	nine .			71629				
			Floranc	ce Q		-1170		Ned Number					
II. 10 Surfa		Location									 .		
		Township 28N	Runge	Lut.ldn	Feet fr		North/South Line		Feet from the	East/	West line	County	
	B 29 Bottom		8W ecation	950		Nort		h 1510		East		San Juan	
UL or lot no.				Lot Ida	Lot Idn Feet fro		om the North/South line		Feet from the E		ant/West line County		
12 Lac Cude	13.33	<u> </u>				·							
F	į		ng Method Code 14 Gan C		Connection Date 15 C-125		9 Permit Number		" C-129 Effective Date		" C-129 Expiration Date		
III. Oil a	nd Gas	Transpor	rters		l		···-				J		
Transpor			* Transporter			³⁷ POD ³¹ O/G			" POD ULSIR Location			ention	
			and Addre	······································	4 70 7 5			and Description					
		iant Refining Co. 28				17235 0							
	- 1	cottsdal		35267									
007057		l Paso N .O. Box	atural Gas 28			8 1 7 2 3 6 G							
1000	200220000000		n, NM 8	7499-49	90								
	X8488488											,	
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										_{ું} કું	150	14.31	
V. Produ	ced Wa	ater			•					(B)		State Comme	
n o 1	723	7 🗦				¹¹ POD UL	STR Locatio	n and De	scription		ida		
/. Well (lion Data								·	نيو وريع	74 No. 27 -	
13			Ready Date 21 TD			" PBTD			1º Perfor	ations	"	DIIC, DC,MC	
12/29/95		1/29/96			2252'		2237'		1962-2120'				
8.75"	' Hole Size	·	³² Casing & Tubing Size			30 Depth Set						M Sacks Cement	
6.25"			7.000"			255'			75 sx Class E			Б	
0.25			4.500"			2252'				185 sx Class B			
	·		no	tubing	-								
I. Well 7	l'est Da	ita	L	· · · · · · · · · · · · · · · · · · ·								·	
Dute Ne	w Oil	3 Gus De	livery Date	" Te	at Date		Test Lengt	ılı l	" Tbg. P		 	Cig. Pressure	
41.71				1/29/96		24 hrs		110					
41 Chuke Size 16/64		** Oil		o Water O			Gus		4 AOF		 	* Test Method	
I hereby certify that the rules of the Oil		les of the Oil (Conservation Division have been counting			285			F				
ith and that the nowledge and be	mformation lief	given above is	true and compl	kte to the best	of my		OIL	CON	SERVAT	ION D	IVISI	ОИ	
ignature:	att	y Ha	elele			Approved by:							
rinted name: Patty Naefele Patty Naefele							72 \$ Title: SUPERVISOR DISTRICT #3						
ile: Staff Assistant							Approval Date:						
ate: 2/8/96 Phone: (303) 830-4988						APR 1 1 1996							
If this is a chu	nge of oper	utor fill in the				ous operato							
	Previous O	perator Signat	ure		· · · · · · · · · · · · · · · · · · ·	b.'	N' -		····				
	1				Printed	Name	3	1	710				

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
- 2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- 3.

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

AG 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
- 7. 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
- 12. Lease code from the following table:
 - Federal State Fee

 - Jicarilla
 - NU
 - Navajo Ute Mountain Ute Other Indian Tribe
- 13.
- The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- 15. The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 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.
 - Gas
- 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", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26 MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD If 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 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 bottom.
- 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.

- 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
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 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
- Gas well calculated absolute open flow in MCF/D 45.
- 46. The method used to test the well: Flowing Pumping 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.