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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

i

## OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		O TRA	NSF	ORT OIL	AND N	IATURAL G								
Operator Amoso Production Compa		Well API No.												
Amoco Production Compa	3004506958													
1670 Broadway, P. O. H	3ox 800,	Denve	er,	Colorad	o 802	01								
Reason(6) for Filing (Check proper box)						Other (Please exp	lain)							
New Well		Change in		. —										
Recompletion	Oil Casinghead		Dry C											
f change of operator give name Tone					Lii I I ar	Englesse	d Cal			1155				
and address of previous operator 1ent	ieco OII	. c & I		1102 3.	WIIIOW	Englewoo	oa, cor	ora	100 80	1133				
I. DESCRIPTION OF WELL			r <del></del>				<del></del> 1				Lease	N <sub>2</sub>		
Lease Name		i	Name, Includi				FEDERAL			SF079319				
SCHWERDTFEGER A LS Location				CO (ILLO	WERDE)			DIA	<u> 11</u>		51.07.551.5			
Unit Letter M		990 Feet From The FSI			L Line and 990			Feet From The FWL				Line		
_	201			01.										
Section 36 Township	28N		Rang	₽W		, NMPM,	SAN	JUF	N			County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	L A	ND NATU	RAL GA	\S								
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which appr				ved copy of this form is to be sent)					
CONOCO					P. O. BOX 1429, BLOOMFIE  Address (Give address to which approved to									
Name of Authorized Transporter of Casing			or Dr	y Gas [X	1						seni)			
EL PASO NATURAL GAS COM  If well produces oil or liquids,		Sec.	Twp.		1	O. BOX 1492, EL ]			IA /	1910				
give location of tanks.				_ i	}		i_							
I this production is commingled with that I	rom any othe	r lease or p	pool, g	give commingl	ing order r	umber:								
IV. COMPLETION DATA		lou ur u			1		- L - S		Di . D. I.	la n	. 65	CC Darles		
Designate Type of Completion	- (X)	Oil Well	-	Gas Well	New W	ell   Workover	Deepen	'	Plug Isack	Same Res'	, p.	iff Res'v		
Date Spudded	Date Compl	. Ready to	Prod.		Total Dep	nth	.J	— <b>-</b> 1	P.B.T.D.	1				
					B			_						
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Fo	rmatio	n	Top Oil/Gas Pay			Tubing Depth						
Perforations										Depth Casing Shoe				
	T	UBING,	CAS	ING AND	CEMEN	TING RECO	₹D							
HOLE SIZE CASING &					DEPTH SET			SACKS CEMENT				<u> </u>		
				<del></del>										
								-  -						
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLI	£	ł		-							
OIL WELL (l'est must be after re	ecovery of tol	al volume o	of load	d oil and must						for full 24 h	ows.)			
Date First New Oil Run To Tank	Date of Test	ı			Producing	Method (Flow, p	ump, gas lij	t, etc	.)					
Length of Test	Tubing Pres	sure			Casing Pressure			Choke Size						
					J									
Actual Prod. During Test Oil - Bbls.					Water - Bbis.			Gas- MCF						
	L				l									
GAS WELL	1600557027	c			There was			—т.	21	Condinenta				
Actual Prod. Test - MCF/D Length of Test.		est			Bbls. Condensate/MMCF			Gravity of Condensate						
Tubing Method (pitot, back pr.)  Tubing Pressure (St			in)		Casing Pressure (Shut-in)			Choke Size .						
	ł				l									
VI. OPERATOR CERTIFICA	ATE OF	СОМР	LIA	NCE			UCEDI		TION	DIMIC		ì		
I hereby certify that the rules and regula					11	OIL COI	NOEH.	٧A	HON	DIVIO	ON	l		
Division have been complied with and to is true and complete to the best of my k			a abo	ve				ш	4V 0 0	1000				
		***			Da	ate Approve	ed		AY 08	1484				
J. L. Hampton						,	3.	<u>ر</u> بر	d	/				
Signifure Co. Chaff Adding Co.						·	Simen	VI	5104 C					
J. L. Hampton Sr. Staff Admin. Suprv. Printed Name Title						lle	OVERN	. v T ;	STON D	ISTRIC:	. # 1	•		
Janaury 16, 1989 303-830-5025														
Date		Tele	pnone	IVO.	II									

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.
- 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.

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Anesia	a, NM 88210				P.O. E	Box 2088 1exico 875		<b>11</b>					
DISTRICT III 1000 Rio Brazos Rd., Az	ucc, NM 87410		JEST F	OR AL	LOWA	BLE AND	AUTHORI						
I			TO TRA	NSP	ORT O	L AND NA	TURAL G	AS Walla	DI No	<del> </del>			
	AMOCO PRODUCTION COMPANY							Well API No. 300450695800					
Address P.O. BOX 800	. DENVER.	COLORAI	00 8020	)1									
Reason(s) for Filing (Ch	<u> </u>					Ou	et (Please expl	ain)	<u>.                                   </u>				
New Well		<b></b>	Change in		(7)								
Recompletion Change in Operator	H	Oil Casinghea		Dry Ga Conden	,								
If change of operator give and address of previous													
II. DESCRIPTIO	N OF WELL	AND LE	ASE										
Lease Name SCHWRDTFEGER	A LS 14,1	<del>-16,2</del> 0-	Well No. 2 1	Pool Na BLAI	ame, Inclu NCO ME	ting Formation SAVERDE	(PRORATEI		of Lease Federal or Fe		ease No.		
Location Unit Letter	М	· ·	90	Feet Fr	om The _	FSL Lin	99 e and	90 Fe	et From The .	FWL	Line		
Section	36 Township	281	ı	Range	9W	, N	мрм,	SAN	JUAN		County		
III. DESIGNATIO			R OF O	IL AN	D NATI	JRAL GAS							
Name of Authorized Tra			or Conder			Address (Gi	ve address to w	hich approved	copy of this j	orm is to be se	ent)		
MERIDIAN OIL		ahaad Caa		or Dry	C+ [ ]	3535 E	AST 30TH	STREET,	FARMING	TON, NM	87401		
Name of Authorized Tra EL PASO NATU			L	G Dig	· []	1	X 1492	• • •					
If well produces oil or li give location of tanks.		Unit	Soc.	1wp. 	Rgo	. Is gas actual		When					
If this production is com		from any otl	er lease or	pool, giv	e commin	gling order num	iber:						
IV. COMPLETIC	DN DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type	of Completion	- (X)	1	' i .		1	i	<u> </u>		i	<u>i                                     </u>		
Date Spudded		Date Compl. Ready to Prod.				Total Depth			P.B.T.D.	P.B.T.D.			
Elevations (DF, RKB, R	Name of I	roducing Fo	omation		Top Oil/Gas	Pay		Tubing Dep	Tubing Depth				
l'erforations		<u> </u>				<u> </u>			Depth Casi	ig Slice			
		-	rubing,	CASI	NG ANI	CEMENT	NG RECO	PAS	VE	$\Pi$			
HOLE SI∠E			SING & TI				DEPTRIET.			SAME S CEMENT			
		<del> </del>					— <i>III</i>	AUG23	1990	1990			
				<u> </u>		-		μυσω	VIO				
							C	IL CO	4. DIV				
V. TEST DATA A OIL WELL   O	AND REQUES est must be after t	ST FOR	ALLOW.	ABLE	oil and mu	et he equal to a	r exceed top all	DIS	l. 3 depth or be	for full 24 hou	us.)		
Date First New Oil Run		Date of To		oy nada		Producing N	lethod (Flow, p	ump, gas lift, e	ic.)	· · · · · · · · · · · · · · · · · · ·			
Length of Test		Tubing Pressure			Casing Press	aure .		Choke Size					
Actual Prod. During Te	SL .	Oil - Bbis.				Water - Bbl	<u> </u>		Gas- MCF				
GAS WELL		J				<u> </u>							
Actual Prod. Test - MC	T/D	Length of Test				Bbls. Conde	BEAIC/MMCF		Gravity of Condensate				
lesting Method (pitot, b	uck pr.)	Tubing Pressure (Shut-in)				Casing Pres	sure (Shut-in)		Choke Size				
VI. OPERATOR I hereby certify that Division have been is true and complete	the rules and regul complied with and	lations of the that the info	Oil Conscionation give	rvation			OIL COI		ATION AUG 2		ON		
D.U.,	My		<del></del>			Ву		7	<u>,,, (</u>	hand	, 		
Signature Loug W. Whaley, Staff Admin. Supervisor Title						SUPERVISOR DISTRICT /3							

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

Printed Name

July 5, 1990 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

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303-830-4280 Telephone No.

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