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Appropriate District Office
DISTRICT J
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I .	TO	O TRAI	NSPC	ORT OIL	AND I	NATURAL GA					
perator						Weil Al'I No.					
Amoco Production Company						роо4526568					
Address 1670 Broadway, P. O. 1	Box 800.	Denve	r. C	olorado	802	201					
Reason(s) for Tiling (Check proper box)						Other (Please explo	ain)				
New Well	C	hange in									
Recompletion	Oil		Dry Gas								
Change in Operator	Casinghead (Gas 📙	Condens	uate [_]							
f change of operator give name nd address of previous operator Teni	neco Oil	E & P	, 61	62 S. V	/illow	, Englewoo	d, Colo	rado 80	155		
• •											
II. DESCRIPTION OF WELL			D. at Ma	I-aludia	F	ian			1	ase No.	
Lease Name MICHENER A	Well No. Pool Name, Including 7 OTERO (CHACE										
Location	, TIMO (GIING			1222			1 22 37 2 37				
R	. 790		Gast Fre	on The FNI	L	Line and 2095	Fe	et From The	FEL:	Line	
Section 33 Township 28N Range 9W				W	, NMPM, SAN JUAN County						
or protoblemost of TD 18	icnanten	OF O	T ABIT	NIATEII	DALC	A C					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		r Condens			Address	(Give address to wi	hich approved	copy of this fo	orm is to be se		
CST	- لـا		(X		•					
Name of Authorized Transporter of Casin		or Dry (Gas [X]	Address (Give address to which approved copy of this form is to be sent)					u)		
EL PASO NATURAL GAS COI		NY				BOX 1492,					
If well produces oil or liquids, give location of tanks.	Unit S	iec. I	Twp.	Rge.	is gas ac	tually connected?	When	,			
I this production is commingled with that	from any other	lease or p		e commingle	ing order	number:	1				
IV. COMPLETION DATA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
		Oil Well	0	ias Well	New V	Vell Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			_!_		7:33 5		<u> </u>	ļ. <u></u>	l	<u> </u>	
Date Spudded	Date Compl.	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Clayetions (I)E PER DT CP atc.)	Name of Pro	ducine Fo	mation		Top Oil	Gas Pay		Tubing Dep			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation											
Perforations					l			Depth Casin	g Shoe		
								<u> </u>			
	TUBING, CASING AND					CEMENTING RECORD					
HOLE SIZE CASING & TUBIN			BING S	ING SIZE DEPTH			· 	<u>-</u> \$	ACKS CEMENT		
	ļ				ļ						
	·										
V. TEST DATA AND REQUE	ST FOR AT	LLOWA	BLE		1						
OIL WELL (Test must be after t	recovery of tota	il volume d	of load o	oil and must	be equal	to or exceed top all	owable for the	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Tables Bergun					Casing Pressure			Choke Size			
Length of Test	Tubing Pressure										
ctual Prod. During Test Oil - Bbls,					Water - Bbls.			Gas- MCF			
					<u> </u>			<u> </u>			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Te	esl			Bbls. Co	ndensate/MMCF		Gravity of C	ondensate		
esting Method (puot, back pr.) Tubing Pressure (Shut in)					Casing Pressure (Shut-in)			,			
								Choke Size			
	_				<u> </u>			<u> </u>			
VI. OPERATOR CERTIFIC				ICE		OIL CO	NSERV	ATION	DIVISIO	N	
I hereby certify that the rules and regu- Division have been complied with and				!		0.200.					
is true and complete to the best of my						ate Approve	ad N	AY 08	papa		
and all at					"	are while		A			
J. J. Hamplon					_p	γ	Zie) <i>el</i>	•••/		
Signature					"	•	SIDFOVE	STONING	STRICT #	3	
Printed Name Title						itle	AAL SULL	OTON DI	U111401 W		
Janaury 16, 1989		303-8			'						
Date		Tele	phone N	io.	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.