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

**OIL CONSERVATION DIVISION** P.O. Box 2088

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

DISTRICT III 1000 Rio Brazos Rd , Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

I.					BLE AND .						
Operator						1011/12/07	Well API No.				
Amoco Production Company						3004508437					
Address 1670 Broadway, P. O. Box 800, Denver, Colorado 80201											
Reason(s) for Uling (Check proper box)    Other (Please explain)											
New Well [] Change in Transporter of:  Recompletion [] Oil [] Dry Gas []											
Change in Operator											
If change of operator give name and address of previous operator Tenr					Willow,	Englewoo	d, Colo	rado 8	0155		
II. DESCRIPTION OF WELL	AND LEA		In i hi				<del></del>				
DAY A LS	Well No.   Pool Name, Includi 4 BLANCO (MES					,			Lease No.		
Location		<del></del>	PLICATO	o (neo	TEDE!			RAL   SF078414			
Unit Letter M : 990 Feet From The FSL Line and 990 Feet From The FWL Line											
Section 8 Township	29N		Range	rw	, NA	IPM,	SAN J	UAN		County	
III. DESIGNATION OF TRAN. Name of Authorized Transporter of Oil	SPORTE			D NATU			<del></del>				
· L						Address (Give address to which approved copy of this form is to be sent)  O. BOX 1429, BLOOMFIELD, NM 87413					
Name of Authorized Transporter of Casinghead Gas or Dry Gas [X]					Address (Give	address to wh	ich approved	copy of this form is to be sent)			
EL PASO NATURAL GAS COMPANY								TX 79978			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually	connected?	When				
If this production is commingled with that f IV. COMPLETION DATA	roin any oth			e comming	ling order numb	er:					
Designate Type of Completion -	- (X)	Oil Well	1   0	Gas Well	New Weil	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	l	_1		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					I			Depth Casir	ng Shoe		
				72. 1175.							
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE							CACKO CENTRAL			
HOLE SIZE	CASING & TOBING SIZE				DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLÖW	ABLE		]			l			
	be equal to or exceed top allowable for this depth or be for full 24 hows) Producing Method (Flow, pump, gas (ifi, etc.)										
Length of Test	Tuhing Pressure				Casina Practice			Choke Size			
					Casing Pressure						
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL											
titial Prod. Test - MCT/D Length of Test					Hbis. Condens	ie/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
					·						
VI. OPERATOR CERTIFICATE OF COMPLIANCE						IL CON	SERVA	TION I	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					MAY AR soon						
A LA LA LIGHT CORP.					Date Approved MAY 08 1989						
4. J. Stampton					_	3 du					
Superture  J. L. Hampton Sr. Staff Admin. Supry.					SUPERVISION DISTRICT # 3						
Printed Name Title					Title	•		ou DIS	THICL #	U	
Janaury 16, 1989 303-830-5025 Date Telephone No.					1100						

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.