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

DISTRICT II

OIL CONSERVATION DIVISION P.O. Box 2088

	Sa	nta Fe./	New Me	xico 8750	04-2	2088						
BEO							ATION					
	TO TRA	NSPO	RT OIL	AND NA	JUT	RAL GAS	S	SERT -				
perator							Well API No.					
AMOCO PRODUCTION COMPANY							3004522361					
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	Change in	Transmort	ter of:	رت						4.4		
Oil		Dry Gas		N <i>A</i>	AME	CHANGE	- VAND	ERWART	- A LS	* /A		
Casinghe	ad Gas 📙	Condens	ate _									
												
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including							Kind o	Lease	Lease No.			
									SF07	SF078502		
	800		.	FSL		80	30 Fe	st From The	FEL	Line		
- :		_ Feet Fro								County		
p2	9N	Range	8W		NMPI	м,	SAI	N JUAN		County		
SPORT	ER OF C	IL AN	D NATU	RAL GAS	3	debase to whi	ich anne owed	copy of this fo	orm is to be see	u)		
Name of Authorized Transporter of Oil or Congeniale					P.O. ROV-1429 - RECOMPTED NM 87419-							
(308055) Name of Authorized Transporter of Casinghead Gas or Dry Gas					Address (Give address to which approved copy of this form is to be sent)							
OMPANY		- 	- I - R	P.O.	BOX	(1492.	EL PASO), TX	19978			
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from any	other lease o	r pool, giv	e comming	ling order mu	mber	:						
							Deepen	Plug Back	Same Res'v	Diff Res'v		
- (X)	i	_ Í_	Jan 17011	i	Ĺ		<u>i</u>	ļ	L	<u> </u>		
Date Co	mpl. Ready	to Prod.		Total Depti	h			P.B.1.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
<u></u>				<u> </u>				Depth Casi	ng Shoe			
								<u></u>				
				CEMEN	TING	G RECOR	<u>D</u>		SACKS CEM	ENT		
HOLE SIZE CASING & TUBING SIZE				DEPTH SET								
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ST FOI	TALLŌV	VABLE										
recovery o	of total volum	me of load	oil and mu	st be equal to	or e	xceed top all	owable for th	is depth or bu	for full 24 ho	urs.)		
Date of	Test			Producing	Met	DOG (FIOW, P	unip, gus eye,					
Tubing	Tubing Pressure				Casing Pressure			Choke Size				
				Water F	44			Gus- MCF				
Oil - B	bis.					OCT 2	<u>9 1990 </u>					
					Ö	IL CO	N. DD	<u> </u>	Contenests			
Length of Test				Bbis. Condensate/MMCF				Gravity of	Charles and the second			
Tubin	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
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Signature Signature												
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections 1, 11, 111, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.