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

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

State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQL	JEST FO	OR ALI	LOWAB	LE AND A	UTHORIZ	ATION				
I.		TO TRA	NSPO	RT OIL	AND NAT	URAL GA	S	<u></u>			
Operator							Well A	PI No.			
AMOCO PRODUCTION COMPAN	Y										
Address 300 P.O. BOX 800, DENVER, COLORADO 80201								04522365			
Reason(s) for Filing (Check proper box)					X Other	(l'lease explai	~)				
New Well		Change in	•				0		c #130	,	
Recompletion	Oil		Dry Gas	_	NAM	1E CHANGE	- Kue	luts h	S "JF	[*]	
Change in Operator	Casinghea	d Gas	Condens	ale							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL A	ND LE	ASE					1 100 4			ise No.	
Lease Name		Well No. Pool Name, Including Formation						Lease			
ROELOFS /B/	 	3A	BLA	NCO (MI	ESAVERDE)	<u> </u>	ERAL.	SF07	8415	
Location		1060			EMI		20 .		121.17	•	
Unit Letter	:	1060	Feet Fro	m The	FNL Line	and88	30 Fe	st From The _	FWL.	Line	
Section 15 Township	29	N	Range	8W	, NM	IPM,	SA	JUAN		County	
											
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL ANI	NATU	Address (Gin	address to wh	ch approved	copy of this fo	rm is to be se	u)	
Name of Authorized Transporter of Oil	厂	or Conden	1205			0X-1429 ,					
CONOCO / P.C. KILLE			or Dry C	Gas [Address (Giw	address to wh	ch approved	copy of this fe	rm is to be se	u)	
Name of Authorized Transporter of Casing EL PASO NATURAL GAS CO		نــا	U D.,			OX 1492					
If well produces oil or liquids,	Unit Soc. Twp. Rge.				is gas actually connected? When ?						
give location of tanks.			i	i							
If this production is commingled with that f	rom any ot	her lease or	pool, giv	e commingl	ing order numb	oer:					
IV. COMPLETION DATA									·	by or by	
Designate Type of Completion	· (X)	Oil Well	\	ias Well	New Well	Workover	Deepca	Piug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth	·		P.B.T.D.			
Date Spooted											
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
								Depth Casin	Depth Casing Shoe		
l'erforations								Sopon Casa			
		TIDING	CASIN	IC AND	CEMEN'TII	NG RECOR	D	<u> </u>			
	TUBING, CASING AND					DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			DEF ITT OCT							
	 				 						
]			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR	ALLOW	ABLE		he soud to se	arcant ton all	mable for th	is depth or be	for full 24 hos	us.)	
			0] 1004	ni ana mus	Producing M	ethod (Flow, p	mp, gas lift.	etc.)			
Date First New Oil Run To Tank	Date of T	es				S 62 82 3	٠٠٠ <u></u>	F 1 4			
Length of Test	Tubing Pressure			Casing Preside C. Co. II.			Choke Size	Choke Size			
	1				Water - Bbis	<u> </u>		Use MCF			
Actual Prod. During Test	Oil - Bbi	L			ASTEL - INDIE	0C15	9 1990				

Length of Test Actual Prod. Test - MCT/D Casing Pressure (Shut-in) Tubing Pressure (Shut-in) l'esting Method (pitot, back pr.)

VI. OPERATOR CERTIFICATE OF COMPLIANCE

GAS WELL

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.

Signature Doug W. Whaley <u>Supervisor</u> Title October 22, 1990 303-830-4280 Telephone No.

OCT 29 1990 Date Approved 3.1) A. By.

OIL CONSERVATION DIVISION

SUPERVISOR DISTRICT #3 Title

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.

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Furm C-104
Revised 1-1-89
See Instructions
at Buttom of Page

DISTRICT II		WITON DIVISION						
P.O. Drawer DD, Anesia, NM 88210		Box 2088 Mexico 87504-2088						
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	•							
1.	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
Operator AMOCO PRODUCTION COMPA	INY	Well	API No.					
P.O. BOX 800, DENVER,	COLORADO 80201	30	004522365					
Reason(s) for Filing (Check proper box)		X Other (Please explain)						
New Well	Change in Transporter of:		from					
Recompletion L.	Oil Dry Gas Casinghead Gas Condensate	NAME CHANGE - Koo	clots LS #3A					
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WELL	AND LEASE							
Lease Name	Well No. Pool Name, Inclu	ding Formation Kind	of Lease No.					
ROELOFS /B/	3A BLANCO (FF FF	DERAL SF078415					
Unit Letter	: 1060 Feet From The	FNL Line and 880 F	eet From The FWI. Line					
Section 15 Township	p 29N Range 8W	, NMPM, SA	N JUAN County					
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATI	URAL GAS						
Name of Authorized Transporter of Oil	or Condensate	Addiess (Give address to which approve						
Name of Authorized Transporter of Casing	ghead Gas or Dry Gas		P.O. BOX 1429, RIJOINFIELD NM 87413 Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS CO	· — · —	P.O. BOX 1492 EL PAS	••••					
If well produces oil or liquids, give lucation of tanks.	Unit Soc. Twp. Rge	is gas actually connected? When						
If this production is commingled with that i	from any other lease or pool, give comming	gling order number:						
IV. COMPLETION DATA								
Designate Type of Completion	Oil Well Gas Well - (X) 1 1	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v					
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
l'erforations			Depth Casing Shoe					
	THURSE CACING AND	CEMENTAL DECORD	,					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
HOLE SIZE	Oriolito D Toolito Dizz							
V. TEST DATA AND REQUES								
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift,						
Complete Character	T. L' - D	Casing Preside in line in the	Choke Size					
Length of Test	Tubing Pressure	Comment of the first fir	- [c.]					
Actual Prod. During Test	Oil - Bbls.	Water - Bbik OCT 2 9 1990	Gas, MCF					
GAS WELL	1	OIL CON DE	<i></i>					
Actual Fruit Test - MCF/D	Leagth of Test	Bbls. Condensale/MMSTST. 3	Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size					
			1					
VI. OPERATOR CERTIFIC: 1 hereby certify that the rules and regula		OIL CONSERV	ATION DIVISION					
Division have been complied with and t	that the information given above							
is true and corruptete to the best of my k	nowledge and belief.	Date Approved	OCT 2 9 1990					
L. H. Whley		Ву	1201					
Cignature	i i							

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

Signature Doug W. Whaley, Printed Name October 22, 1990

Date

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

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

303-830-4280 Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
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