Submit 5 Copies 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 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

					BLE AND AUT L AND NATUF						
Operator				Tri No.							
Amoco Production Company							3004	522715			
1670 Broadway, P. O. I	Box 800,	Denve	r, 0	Colorac	lo 80201						
Reason(s) for Filing (Check proper box)		~			Other (P)	ease explai	•)				
New Well Recompletion	Oil	Change in 7	Franspo Dry Ga:	r							
Change in Operator	Casinghead	_	•								
f change of operator give name und address of previous operator Tenr	neco Oil	E & P	, 61	62 S.	Willow, Eng	lewood	, Color	ado 80	155		
I. DESCRIPTION OF WELL	AND LEA	<b></b> -									
Lease Name HUGHES LS	Well N				ing Formation				ı	Lease No. SF078046	
Location				(11)	STORED CEITI		FEDE	ML	3FU/	8040	
Unit LetterC	925	25 Feet From The FN		VL Line and	L Line and 850		Feet From The		Line		
Section 19 Township	,29N	1	Range 8	3W	, NMPM		SAN J	JAN		County	
II. DESIGNATION OF TRAN		OF OU	. ANI	D NATI	IRAL GAS						
Name of Authorized Transporter of Oil		or Condens		X)	Address (Give add	ress to whic	h approved	copy of this fo	orm is to be s	eni)	
<u>est</u>				/ 	144		consultation from its to be cont				
Name of Authorized Transporter of Casing EL PASO NATURAL GAS CON	· 🗆	or 1219 1	Gas X	P. O. BOX 1492, EL PASO			), TX 79978				
If well produces oil or liquids, ive location of tanks.	Unit   : 	S∞c. [*	Гwp.	Rge.	is gas actually con	nected?	When	7			
this production is commingled with that f V. COMPLETION DATA	rom any othe	r lease or po	ool, giv	e comming	ling order number:						
	(3/)	Oil Well		Gas Well	New Well   Wo	rkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded	- (X) Date Compl	Pandu to I			Total Depth		i	B B / E B	l		
Date Spanied	Date Compi	, Ready to a	IOG.		Total Depair			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Dept	lubing Depth		
l'erforations	L				l			Depth Casin	g Shoe		
		101517	7 4 674	IC AND	CEMENTENIC	DECORD.					
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEP		SACKS CEMENT				
. TEST DATA AND REQUES					1						
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		load o	oil and mus	Producing Method				or full 24 hou	us.)	
length of Test	Tubing Press	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL	l				J						
Actual Prod. Test - MCI/D	Length of To	est			Bbls. Condensate/h	имсг		Gravity of C	ondensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shul in)				Casing Pressure (Shut-in)			Choke Size			
	l				ļ <sub>r</sub>			<u> </u>			
I. OPERATOR CERTIFICA  I hereby certify that the rules and regula				ICE	OIL	CONS	SERVA	ATION I	DIVISIO	NC	
Division have been complied with and t	hat the inform	ration given									
is true and complete to the best of my k	nowledge and	l belief.			Date Ap	proved	MA	Y 08 19	PR		
4. J. Ham	Oton	/				7	( المنسأ	<i></i>	_/		
Signature			C		Ву			ON DIS	EN LOT #	3	
Printed Name	Staff	7	litle	•	Title					-	
Janaury 16, 1989		303-83 Telepl	10-50 10ne No								

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.