Appropriate District Office
DISTRICT I
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 Buttom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

OU Rio Brazos Rd., Aziec, NM 8/410	REQ						AUTHORI TURAL GA	AS				
Operator AMOCO PRODUCTION COMPA	NY							V/ell .	API No.			
ddress P.O. BOX 800, DENVER, COLORADO 80201							3004522831					
cason(s) for Filing (Check proper box) lew Well cocompletion change in Operator change of operator give name	Oil Casinghe	Change in	n Tran	Gas dens		_	es (Please explo		ghes L	s #7A		
id address of previous operator												
I. DESCRIPTION OF WELL case Name HUGHES /B/	Well No. Pool Name, Includ 7A BLANCO (M				•	.)	1 .	of Lease DERAL	1	78046		
ocation F Unit Letter	_ :	1450	_ Feet	l Fron	m The	FNL Lin	e and1	750 F	et From The	FWL	Line	
20 2011			Ran	ige_	8W	, NMPM,		SA	SAN JUAN		County	
II. DESIGNATION OF TRANSPORTER OF Jame of Authorized Transporter of Oil or Cont CUNOCO Jame of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS COMPANY (well produces oil or liquids, Unit Soc.					ias [RAL GAS Address (Give ackiress to which approved P: 0. BOX 1429 AHOONE) Address (Give ackiress to which approved P: 0. BOX 1492, EL PASC Is gas actually connected? When			copy of this form is to be sens) 7. TX 79978			
ve location of tanks. this production is commingled with that	.i	her lease or	Ĺ		comminal	no order num	her					
V. COMPLETION DATA	Trom any or	Oil Wei	—.		as Well		Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		_i	i	i	ab well		1		Í,	<u> </u>		
e 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 Deg	Tubing Depth		
erforations									Depth Cass	Depth Casing Shoe		
TUBING, CASING AND					G AND	CEMENTI	NG RECOR	D D				
HOLE SIZE	C.	CASING & TUBING SIZE				DEPTH SET			 	SACKS CEMENT		
	-											
TEST DATA AND REQUE OIL WELL Test must be after	ST FOR	ALLOW	ABL e of lo	E ad o	il and must	be equal to o	r exceed top all	owable for th	is depth or be	for full 24 hou	us.)	
Date First New Oil Run To Tank		Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing F	Tubing Fressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Ол - Вы	Oil - Bbls.				Water - Bbls. i.			Gas-MCF	f . ₹		
GAS WELL						T60 C. C.			(Cambu of			
Actual Prod. Test - MCIVD	Lingth of Test					Fibls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot back pr.)	thod (pitos back pr.) Tubing Pressure (Shut-in)					Casing Presi	eure (Shut-ia)		Choke Size			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu	lations of th	e Oil Cons	ervatio	200	CE		OIL CO	NSERV	'ATION	DIVISIO	NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date ApprovedOCT 2.9 1990						
L. L. Skly						By						
Signature Uoug W. Whaley, Staff Admin. Supervisor Printed Name October 22, 1990 303-830-4280						Title SUPERVISOR DISTRICT #3						
October 22, 1990 Date		303 <u>-</u>	-830 :lepho	nc N	280							

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.