Submit 5 Copies
Appropriate District Office
DISTRICT I
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 at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

DOU Rio Brazos Rd., Aztec, NM 87410	REQUES TO	T FOR	ALLOWAE PORT OIL	LE AND .	AUTHOR TURAL G	AS				
erator					Well API No.					
Amoco Production Company					3004522886					
Address 1670 Broadway, P. O.	Box 800, D	enver,	Colorad					-		
Reason(6) for Filing (Check proper box) New Well	Cha	nge in Tran	sporter of:	Oth	es (l'lease exp	lain)				
Recompletion	Oil	Dry								
Change in Operator	Casinghead Ga		n							
Charles at a farmer and a second a second and a second an	neco Oil E			Willow,	Englewoo	od, Colo	rado 80	155		
I. DESCRIPTION OF WELL							_			
Lease Name	We	No. Poo	l Name, Includi	ng Formation				Lease No.		
HUGHES A LS	5A	5A BLANCO (PICT			TURED CLIFFS) FEDER			RAL SF078049		
Location Unit Letter $\underline{\hspace{1cm}}^{\hspace{1cm}}\underline{\hspace{1cm}}^{\hspace{1cm}}$. 1825	Fee	From The FS	LLin	e and <u>790</u>	Fe	et From The	FEL	Line	
	20N		ıge8₩		мгм,	SAN J			County	
Section 28 Townsh					MI'M,	DIA O			<u> </u>	
II. DESIGNATION OF TRA		OF OIL A		RAL GAS	ve address to v	vhich approved	copy of this f	orm is to be se	nt)	
CONOCO			X			, BLOOMFIELD, NM 87413				
Jame of Authorized Transporter of Casinghead Gas			Ory Gas [X]				copy of this form is to be sent)			
EL PASO NATURAL GAS COMPANY				P. O. BOX 1492, EL PASO						
If well produces oil or liquids,	Unit Sec	. Tw	p. Rge.	is gas actual	ly connected?	When	?			
this production is commingled with that	t from any other le	ase or pool	give comming	ling order num	iber:					
IV. COMPLETION DATA										
Designate Type of Completion		il Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spidded	Date Compl. R	eady to Pro	d.	Total Depth	. L , <u></u>		P.B.T.D.	J	_1	
Se her provide	No.	ina Eassa	line	Top Oil/Gas	Pav		Tubing Der	uh		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation										
Perforations	2 0 0 0 0 0 0 0						Depth Casi	ng Shoe		
	TUE	ING, CA	SING AND	CEMENT	ING RECO	RD	-!			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUI	EST FOR ALI	OWAB	LE							
OIL WELL (Test must be after	recovery of total	valume of la	ad oil and mus					for full 24 hor	urs.)	
Date First New Oil Run To Tank	Date of Test			Producing N	dethod (<i>Flow</i> ,	pump, gas lift,	etc.)			
Length of Test	Tubing Pressur	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
				1			J			
GAS WELL				7460	****		***************************************	Cantenan		
Actual Prod. Test - MCF/D	Length of Test	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate		
lesting Method (filos, back pr.)	Tubing Pressu	e (Shut-in)		Casing Pres	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFI					OIL CC	NSERV	'ATION	DIVISIO)N	
I hereby certify that the rules and reg						/, 4 0L/ 1 V		2.4101	J. 1	
Division have been complied with ar is true and complete to the best of m			IN VE	n-	a Aaa==:	,od 1	AY 08	1000		
a				Dat	e Approv	/ea	MI V.O.) 1372——		
J. L. Hampton					By Bin Chang					
Signature	Sr. Staff	Admin	Suprv.			SIDEBAI	SION DI	STRICT	7 3	
Printed Name		Ti	lie	Title	e	JUI EILV			·	
Janaury 16, 1989		303-830 Telepho								

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
- 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.