Submit 5 Copies Appropriate District Office DISTRICT.1 P.O. Box 1980, Hobbs, NM 88240

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

## Plate of them interien 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

DISTRICT III

Santa Fe, New Mexico 87504-2088

DU Rio Brazas Rd , Aziec, NM 87410	HELIUES	FOR	ALLOW	ABLE	A DNA : TAN DN	UTHORIZ TURAL GA	ZATION AS				
perator						Well API No.					
Amoco Production Company						3004523345					
1670 Broadway, P. O.		enver,	Color	ado	80201	- (Dia '	·i=)				
Reason(s) for Filing (Check proper box		ge in Trat	sporter of:	_ L	_] Othe	r (Please explo	unj				
Recompletion	Oil	Dny		_}							
hange in Operator	Casinghead Gas										
f change of operator give name	nneco Oil E	& P,	6162 S	. Wi	llow,	Englewoo	d, Color	ado 80	155		
I. DESCRIPTION OF WEL		Ma In.	d Name I	ludina T	Sumation					ase No.	
Lease Name HUGHES A	) Well	Well No.   Pool Name, Includi 2 BASIN (DAKO					FEDEI	RAL SF078049			
Location					-						
Unit Letter B	:790	Fee	t From The	FNL	Line	and 1460	Ге	t From The _	FEL	Line	
Section 27 Town	ship 29N	Ra	nge8W		, Ni	мрм,	SAN J	JAN		County	
III. DESIGNATION OF TRA	ANSPORTER O	F OIL	AND NA	TURA	L GAS		<del></del>		is to be a		
Name of Authorized Transporter of Oil or Condensate					Addiess (Give address to which approved copy of this form is to be sent) P. O. BOX 1429, BLOOMFIELD, NM 87413						
ONOCO  ame of Authorized Transporter of Casinghead Gas or Dry Gas [X]					Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS				_ þ.	0. BC	X 1492,	EL PASO	<u>, TX 79</u>			
If well produces oil or tiquids,	Unit Sec.	ĪΤw	/p.   F	Rge. Is	gas actuali	y connected?	When	7			
give location of tanks.  If this production is commingled with the	hat from any other les	se or noci	l_ l, give comn	ningline	order num	ber:					
II this production is communiced with the IV. COMPLETION DATA	ne non eny voici to	0. por								Name of the	
		Well	Gas Wel	u ]	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded	Date Compl. Re	ady to Pn	xd.	<sub>Te</sub>	otal Depth	l	<del></del>	P.B.T.D.		-L	
Date Springer	Date Compt. Re							ļ			
Elevations (DF, RKB, RF, GR, etc.) Name of Producing Formation				{T∂	Top Oil/Gas Pay			Tubing Depth			
Perforations				I				Depth Casin	g Shoe		
	THR	ING. C	ASING A	ND CI	ЕМЕЙП	NG RECO	SD				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT			
				-							
V. TEST DATA AND REQU	JEST FOR ALL ter recovery of total y	OWAB	LE	4 -	equal to a	r exceed inn al	lowable for th	is depth or be	for full 24 ho	ws.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	olume of	oaa on and	musi be	roducing M	r exceed lop at lethod (Flow, p	oump, gas lift,	elc.)			
				-				Choke Size			
Length of Test	Tubing Pressur	Tubing Pressure			asing Press	sure		CHOKE SIZE			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF			
				]_				J			
GAS WELL					and the second	The same		Titavini of	ondensate		
Actual Prod. Test - MCF/D	Length of Test	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressur	Tubing Pressure (Shut in)				Casing Pressure (Shut-in)			Choke Size		
VI, OPERATOR CERTII	ICATE OF C	OMPL	IANCE			OIL CO	NSERV	ΆΤΙΟΝΙ	DIVISI	ON	
I hereby certify that the rules and i	egulations of the Oil	Conscrvat	ion			OIL OU	NOENV	AHON	DI V 101	J. 1	
Division have been complied with is true and complete to the best of	and that the informal iny knowledge and b	elicf.	#KRJYC		Det	e Approv	ed	MAY 08	1989		
1.11	24			H	Dal	4 Whhins	···	_/	1 /		
4. J. Stamplan					Ву		3.	<u>), 8</u>	rand		
Signature  J. L. Hampton	Sr. Staff	Admin.	Suprv		_,.		SUPERV	ISION D	ISTRICT	# 3	
Printed Name Janaury 16, 1989		1	ide 0-5025		Title	9					
Date			one 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 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. with Rule 111.