Submit 5 Copies
Appropriate District Office
DISTRICT!
P.O. Box 1980, Hoobs, NM 88240

State of New Mexico Energy, Minerals and Natural Resource: 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 II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	HEQU	TOTRA	NSF	ORT OIL	AND NAT	URAL GA	AS .				
perator						Well API No. 3004524430					
AMOCO PRODUCTION COMPANY								4324430	·		
P.O. BOX 800, DENVER,	COLCRA	DO 8020	1		Cluber	(l'lease expid	2101				
ason(s) for Filing (Check proper box) w Well scompletion	Oil Casi ighe	Change in	Dry C	ias 📙	Out.	(Frede Espa					
change of operator give name d address of previous operator											
DESCRIPTION OF WELL	AND LE	ASE	τ		- Ftio-		Kind o	Lease	le.	se No.	
ease Name JONES COIL		Well No.	1	Name, Includi ISTN (DAI	-			ERAL	SF07	79938	
ocation K		1580	Feet	From The	FSL Line	and1	250 Fee	4 From The	FWL	Line	
Unit Letter) NI		01.1			SAN	JUAN		County	
Section 30 Townshi	ip 29	7 N	Rang	e OW	, NN	РМ,	JAN	JUAN	· · · · · · · · · · · · · · · · · · ·		
I. DESIGNATION OF TRAN	SPORT	ER OF O	IL A	ND NATU	RAL GAS	address to w	hich approved	copy of this f	orm is to be se	nt)	
HERIDIAN OIL INC.		or Conde	NEALE		3535 E	ST 30TE	I STREET.	FARMIN	IGTON N	1 8740	
lame of Authorized Transporter of Casin	ghead Gas		or D	ry Gas 🗀	Address (Give	address to w	hich approved	copy of this f	orm is to be se	nu)	
EL PASO NATURAL GAS C	OMPANY		Twp	- I Due	P.O. Bo		EL PASC		9978		
f well produces oil or liquids, ive location of tanks.	Una:	Soc.	Iwp	. Ngc.	(a gas accura)		i				
this production is commingled with that	from any o	ther lease of	r pool,	give comming	ling order numb	ег:					
V. COMPLETION DATA					New Well		Deepen	Piug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	1 - (X)	Oil We	и ; 1	Gas Well	New Merr	WOLDS			<u>i</u>	<u>i </u>	
Date Spudded		Dalı: Compl. Ready to Prod.				Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of	Name of Producing Formation				Top Oil/Gas 1'ay			Tubing Depth		
Perforations					1			Depth Cau	ng Slave		
Cuoranom								<u> </u>			
					CEMENTI	NG RECO DEPTH SE	T T	Γ	SACKS CEM	ENT	
HOLE SIZE	_ c	ASING &	UBIN	G SIZE		UEF III SE	<u>' </u>				
								· 			
V. TEST DATA AND REQUI	COT LOD	ALLOV	VARI	.E							
V. TEST DATA AND REQUI OIL WELL (Test must be after	recovery o	ficial volum	u of lo	ad oil and mu	st be equal to o	exceed top a	llowable for th	is depth or bi	e for full 24 ho	ws.)	
Date First New Oil Run To Tank	Dacof				Producing M	ethod (Flow,	pump, gas lýt,	eic.j			
	Turing	Tuping Pressure			Casinglybu	EGE	IWE	Choke Siz	ż		
Length of Test	Inging	Lierraic			- LäC		1 1 U K.T	Gas- MCI	<u> </u>		
Actual Prod. During Test	Oi - Bi	Oii - Bbls.				FEB2 5 1991			1 000		
GAS WELL						IL CO	N. DIV	• ••• ••	Constants		
Actual Prod. Test - MCT/D	Length	Length of Test			Bbis. Cond	DIS	T, 3	Gravity of Condensate			
	- Y. King	Ti bing Pressure (Shut in)			Casing Pressure (Shul-in)		·	Choke Size			
l'esting Mediod (puot, back pr.)	Tribing	, i ressure (o									
VI. OPERATOR CERTIF	ICATE	OF CON	APLI	IANCE) NSER	/ATION	JOIVISI	ON	
I harabil certify that the rules and regulations of the Oil Conservation						OIL OC	JNOLIN				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Dat	Date Approved FEB 2 5 1991					
	.,	D			Dai	olddy 8.	vou		1	,	
L. D. Uhley					Ву	By					
Boug W. Whaley, Staff Admin. Supervisor Trite					Titl	е	SUPE	RVISOR	DISTRICT		
february 8, 1991		302	3-83 Teleph	0=4280 one No.	-						
Date			-1.				الكناب الرابي				

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.