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State of New Mexico Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

DISTRICT III			
1000 Rio Brazos Rd. Artec	NM	87410	

I.	REC	UEST F	FOF	ALLOV	VABLE A	ND AU	THOR	IZATION					
Operator		TOTH	(AN	SPORT	OIL AND	NATU	RAL G						
Amoco Production Company								Vell API No. 104525564					
1670 Broadway, P. O.	Box 80	O, Den	ver	, Color	ado 80	201							
Reason(s) for I iling (Check proper box,	)					Other (P	lease expl	ain)					
New Well		-,	~~	insporter of:	-								
Recompletion	Oil		_ Dr	•									
Cohanne of the second of the s				ndensate [									
and address of previous operator 10	nneco O		Ρ,	6162 S	. Willo	w, Eng	lewoo	d, Colo	rado 8	0155			
IL DESCRIPTION OF WELI	L AND LE												
Lease Name FLORANCE					luding Form						case No.		
Location		123E	BAS	SIN (PI	CTURED	CLIFFS	<u> </u>	FEDE	RAL SF078596A				
Unit Letter M	. 91	0	•	LANCO A From The	FSL	_ Line and	960	_		тил			
Section 3 Towns	nip29N			nge8W					eet From The	IWL		Line	
						, NMPM,	·	SAN J	UAN		Count	Y	
II. DESIGNATION OF TRA	NSPORTE	or Conde		AND NAT	TURAL G	AS (Give add	ress to wh	ich approved	l copy of this	form is to be s	eni)		
Name of Authorized Transporter of Casi	nebead Gas		T	Ory Gas [X	7 444	10: - 11		<del></del>					
EL PASO NATURAL GAS CO		L	Of L	Ny Gas (A.	_   Address	DOV 1	ress to wh	ich approved	ed copy of this form is to be sent)				
If well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp	p.   R	ge. Is gas a	dually conf	nected?	When	TX 7	9978	-		
this production is commingled with that	.		.l										
V. COMPLETION DATA				give commi	ingling order	number:			······································				
Designate Type of Completion	- (X)	Oil Well	, İ	Gas Well	New V	Vell   Wor	rkover	Deepen	Plug Back	Same Res'v	Diff Res	'v	
Date Spinkled		pl. Ready to	o Prod	i.	Total De	Total Depth			P.B.T.D.	J			
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation To			Top Oil	Top Oil/Gas Pay				Tubing Depth				
ciforations			.										
									Depth Casin	ig Shoe		ŀ	
					D CEMEN	TING R	ECORI	)				$\neg$	
HOLE SIZE	CAS	SING & TU	JBING	G SIZE		DEPTH SET			SACKS CEMENT				
		· ·											
					_								
. TEST DATA AND REQUE									J				
IL WELL (Test must be after rate First New Oil Run To Tank	ecovery of to	al volume o	of load	d oil and mi	ist be equal t	o or exceed	l top allow	able for this	depth or be	for full 24 how	's.)		
	Date of Tes	t			Producing	Method (/	Flow, pum	φ, gas lýt, et	(c.)				
ength of Test	Tubing Pres	sure			Casing Pr	Casing Pressure			Choke Size				
ctual Prod. During Test	Oil - Bbls.			Water - B	Water - Bbls.			Gas- MCF					
SAS WELL	.1												
thal Prod Test - MCF/D	Ti da a Maja												
Test Metro	Length of T	CAL			Bbls. Con	densate/Mi	MCF		Gravity of C	ondensate			
sting Method (pilot, back pr.)	Tubing Pressure (Shut in)			Casing I'r	Casing Pressure (Shut-in)			Choke Size					
I. OPERATOR CERTIFIC	ATEOE	COMP		NCC	- Ir								
I hereby certify that the rules and regula	tions of the C	Dil Conserva	ation			OIL (	CONS	SERVA	I NOIT	DIVISIO	N		
Division have been complied with and t is true and complete to the best of my k	nat the inform nowledge and	ution giver l belief.	abov	ve	l Da	ta Ann	ירטעסל	ES AL	/ A 0 40-	<b>.</b>			
J. L. Hamotan				11		.0000	<del></del>	0.8.199 _ 1			—		
Signature J. L. Hampton Sr	. Staff	Admin	Ç,	nrv	Ву		-6	٠,٠	Che	<u>/</u>			
Printed Name Janaury 16, 1989		7	Title SUPERVISION DISTRICT # 3										
Date		Telepi			[]								

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.

Submit 5 Copies 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 Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	BEOUEST	FOR	ALLOWAE	BLE AND	AUTHORE	ZATION				
I.			SPORT OIL							
Operator (Operator Operator Op					Well API No.					
Amoco Production Company				3004525564						
Address 1670 Broadway, P. O.	Box 800, De	nver	, Colorad	o 80201						
Reason(s) for Filing (Check proper box	)			Oth	et (Please explo	in)				
New Well	Chang	ge in Tra	nsporter of:							
Recompletion	Oil	Dr.	y Gas							
Change in Operator	Casinghead Gas	□ C₀	ndensate [							
If change of operator give name and address of previous operator Te	nneco Oil E	& P,	6162 S.	Willow,	Englewoo	d, Color	ado 80	155		
II. DESCRIPTION OF WELL	L AND LEASE									
Lease Name	Well	No. Po	ol Name, Includi	ng Formation				L	ease No.	
FLORANCE	123E	BAS	SIN (DAKO	TA)		FEDER	RAL	SF078	8596A	
Location										
Unit LetterM	:910	Fe	at From The FS	L Lin	e and 960	Fe	et From The	FWL	Line	
Section 3 Towns	hip <sup>29N</sup>	Ra	nge <sup>8W</sup>	, N	мрм,	SAN JU	JAN		County	
III. DESIGNATION OF TRA	NSPORTER OF	OIL.	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	n= Co	ndensate			e address to wh	ich approved	copy of this fo	orm is to be se	eni)	
GIANT REFINING			<b>K</b>	1	X 256, F				•	
Name of Authorized Transporter of Cas	inghead Gas	] or	Dry Gas [X ]		e address to wh				ni)	
EL PASO NATURAL GAS C	OMPANY		1	₽. Q. BO	X 1492,	EL PASO,	TX 79	978		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Tw	p. Rge.	ls gas actuall	y connected?	When	?			
If this production is commingled with th	at from any other leas	or pool	, give commingl	ing order numl	ber:					
IV. COMPLETION DATA				· · · · · · · · · · · · · · · · · · ·						
Designate Type of Completio	on - (X)     on - (X)	Well	Gas Well	New Well	Workover 	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Read	ly to Pro	q 1	Total Depth	Fotal Depth P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producin	g Forma	tion	Top Oil/Gas Pay			Tubing Depth			
Perforations				<u> </u>	<del></del>	g Shoe	Shoe			
1										
	TUBIN	IG, CA	SING AND	CEMENTI	NG RECOR	D	·			
HOLE SIZE	CASING	TUBIN	IG SIZE		DEPTH SET		SACKS CEMENT			
	.									
V. TEST DATA AND REQUI	EST FOR ALLO	WABI	Æ	1						
OIL WELL (Test must be after	recovery of total voli	une of la	ad oil and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, pu	mp, gas lýt, et	c.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL				l			l		,	
Actual Prod. Test - MCF/D	Length of Test			Bols. Conden	sate/MMCF		Gravity of C	ondensate		
Long of ton				Gravity of Condensate						
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Clibite Bittern and			
VI OPEDATOR CERTICA	CATE OF CO	MDI 1	ANCE	1			l			
VI. OPERATOR CERTIFF				(	DIL CON	SERVA	MOITA	DIVISIO	N	
I hereby certify that the rules and reg Division have been complied with an										
is true and complete to the best of m				n=+=	Ann==					
				Date	Approve	J₩/	<del>14-08-1</del> 9	<del>18</del> d		
4. 7. Han	pton				_	<b>-</b> .	$\sim 1$	/		
S. A.	7			∥ Bv…		( ۸۸	GL.	/_		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

J. L. Hampton Printed Name
Janaury 16, 1989

Sr. Staff Admin. Suprv. Title 303-830-5025

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By.

Title.

SUPERVISION DISTRICT # 3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.