Submit 5 Copies Appropriate District Office DISTRICT1 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

DISTRICT II

OIL CONSERVATION DIVISION

"O. Drawer DD, Artesia, NM 88210		Ç,	nta E		Box 208 Mexico		14-2088					
ISTRICT III OOO Rio Brazos Rd., Aztec, NM 87410				•					_ ′			
AN RIO DIAMS E.G., MACC, TIME BIATO	REQ						AUTHORI		NO			
)perator		TOTHA	INSP	OHIC	IL AND	NA	TURAL G		Well /	.Pl No.		
Amoco Production Comp						524125						
ddress	Day 90/) Dans		Culono	4. 00	201						
1670 Broadway, P. O.	BUX BUC	, bellv	er,	COLOTA			et (Please expl	lain)				
lew Well		Change in	Transp	onter of:	,		•					
ecompletion	Oil	***	Dry G) '							
Thange in Operator (X) Change of operator give name Tore		ad Gas										
d address of previous operator Ten	neco Oi	1 E &	P, 6	162 S.	Willo	w,	Englewoo	od, C	olo	ado 80	155	
. DESCRIPTION OF WELL	AND LE		·,	-								<u>-</u>
Lease Name Well No. Pool Name, Include HUGHES A LS 6 BLANCO (MES										RAL	SF07	ease No. 8049
ocation		J~	. .									
Unit Letter N	-2 1	195/140	_ Feet F	rom The	MIFSL	_ Lin	e and 2025	1800	Fe	et From The	FWL	Line
Section 33 Township 29N Range 8W						, NMPM, SAN J				JAN		County
1 DESIGNATION OF TRAI	JCPADTI	ER OF O	II AN	ND NAT	TIRAL C	245						
I. DESIGNATION OF LIGAT lame of Authorized Transporter of Oil	[.] #M AKT	ORTER OF OIL AND NATU				Address (Give address to which approved of P. O. BOX 1429, BLOOMFIE				copy of this fo	orm is to be se	ni)
CONOCO												
lame of Authorized Transporter of Casil EL PASO NATURAL GAS CO						Address (Give address to which approved P. O. BOX 1492, EL PASO					orm is to be se 1978	ก)
well produces oil or liquids,	Unit	Sec.	Twp.	Re			y connected?		When	·		
ve location of tanks.	İ	l .	1	. 1	1			i				
this production is commingled with that V. COMPLETION DATA	from any ot	her lease or	pool, g	ive comuni	ngling orde	r num	ber:					
		Oil Well	i - 1	Gas Well	New	Well	Workover	De	реп	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion					. Inches	<:::E	l			17117	l	_L
Date Spudded Date Compl. Ready to					TOURLE	Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth		
ووريي	1		-							6		
Perforations										Depth Casin	g Siloc	
		TUBING,	CAS	ING AN	D CEME	NΤI	NG RECOR	RD				
HCLE SIZE	CA		DEPTH SET				SACKS CEMENT					
												
										l		
'. TËST DÅTÅ AND REQUE AL WELL — (Test muss he after					ha aaa	1 10 0	area Lon all	launbla	for this	death as he	for full 24 hou	are)
IL WELL (Test must be after Date First New Oil Run To Tank	Date of To		oj toda	ou and m			ethod (Flow, p				or just 24 nou	
										willer interest to		
ength of Test	h of Test Tubing Pressure					Casing Pressure				Choke Size		
Actual Prod. During Test	Oil - Bbls	Water -	Water - Bbls.				Gas- MCF					
										l		
GAS WELL												
ctual Prod. Test · MCI/D Length of Test					Bbis. C	Bbls. Condensate/MMCF				Gravity of Condensate		
esting Method (p.tot, back pr.)	Method (p.tot, back pr) Tubing Pressure (Shut in)					Casing Pressure (Shut-in)				Choke Size		
B A A A.												
I. OPERATOR CERTIFIC	CATE OF	COMI	'LIA	NCE				NOE	DΜ	ATION	טואופוכ	201
Thereby certify that the rules and regi- Division have been complied with and				v.e		•		NOE	11 V /	TION	אוטועוע	/N
is true and complete to the best of my			₹# 30 0\	• 6		7211	Approve	ad		MAN OO	40.00	
						Date ApprovedMAY 0.8 1000						
J. J. Hampton						Βγ _		7	بن	ے د	1 /	
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Proted Name Janaury 16, 1989		303-	Title	•		Title		30P	EKY.	ISION		·
Date			cphone		[]							

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.