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Appropriate District Office
DISTRICT 1
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 1000 Rio Brazos Rd., Aztec, NM 87410

•						AND NAT							
I. TO TRANSPORT OIL Operator							Well API No.						
Amoco Production Company							3004508550						
Address 1670 Broadway, P. O.	Box 800	, Denv	er,	Color	ado	80201							
Reason(s) for Filing (Check proper box)						Othe	t (Please exp	olain,	)				
New Well		Change in		1-	7								
Recompletion	Oil Casinabea	id Gas ☐	Dry G		, "]								
If about of country sine about						Willow,	Englewo	od,	Colo	rado 80	155		
II. DESCRIPTION OF WELL	AND LE	ASE										<del></del> -	
Lease Name	Well No. Pool Name, Includi				ludir	- L					Lease No.		
FLORANCE	22 BLANCO (MES				ESA	AVERDE) FEDEI				RAL	RAL B010400		
Location Unit Letter H	:16	90	Feat F	rom The	FNI	Ĺ Line	and 900		Fo	eet From The	FEL	Line	
Section 12 Township 29N Range 9W						, NMPM, SAN JUAN County							
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	ND NA	<u>r</u> ui	RAL GAS							
Name of Authorized Transporter of Oil or Condensate X						Address (Give address to which approved copy of this form is to be sent)							
CONOCO					1	P. O. BOX 1429, BLOOMFIELD, NM 87413							
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]  EL PASO NATURAL GAS COMPANY					ا ك	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1492, EL PASO, TX 79978							
F.E. PASO NATURAL GAS COL If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. Rge.			Is gas actually connected? When							
If this production is commingled with that	from any ou	her lease or	pool, gi	ive comm	ingi	ing order numb	er:						
IV. COMPLETION DATA		Oil Well		Gas Wel			Workover	-1-	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		_i	i_			Total Depth		_İ_	· 	<u> </u>	j	_L	
Date Spudded	Date Compl. Ready to Prod.					Total Depair				P.B.T.D.	P.B.1.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Dep	Tubing Depth		
Perferations										Depth Casi	Depth Casing Shoe		
		TIBING	CAS	ING A	VD-	CEMENTI	NG RECO	RD		1			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET					SACKS CEMENT		
										-			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE	 {		he equal to or	exceed ton a		able for th	is donth as be	for full 24 ho		
IL. WELL (Test must be after recovery of total volume of load oil and must ale First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure				Casing Pressure				Choke Size	Choke Size			
Actual Prost. During Test	Oil - Hbls	Oil - Hols.				Water - Bbls.				Gas- MCF	Gas- MCF		
GAS WELL	İ					J							
Actual Prod. Test - MCT/D	Length of Test				Bbls. Condensate/MMCF				Gravity of	Gravity of Condensate			
lesting Method (pilot, back pr.)	Tubing Pressure (Shut in)				Casing Pressure (Shut-in)				Choke Size				
VI, OPERATOR CERTIFIC	ATE OF	COMI	PLIA	NCE				NIC.	201	.L	DIVICI		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION  MAY 08 1989							
is true and complete to the best of my	knowledge a	and belief.				Date	Approv				<u> </u>		
J. J. Hampton						By_	By Bink) Chang						
Signature J. L. Hampton Sr. Staff Admin Suprv								51	UPERV:	ISION DI	STRICT	# 3	
Finited Name  Janaury 16, 1989  303-830-5025						Title							
Date		Tel	ephone	No.		11							

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.