Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II I'.O. Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TOTRA	NSPORT OIL	AND NAT	UHAL GA		or KE	<del></del>	i	
Amoco Propuct	oco Production Co.				JO-	045-2311D			
Address P. O. Box 800	Denver.	ColorADO	<u>አ</u>	126					
Reason(6) for Filing (Check proper box)	JOHN TELL	COTOTAGE	Othe	(l'lease explai	n)	<del> </del>			
New Well	Change in	Transporter of:	4( <i>l</i>	me C	MANGO	ಲ -			
Recompletion	oii 🔲	Dry Gas	, , ,		. ل	•			
Change in Operator Casinghead Gas Condensate Muches A #6A								ł	
f change of operator give name				ag nes	111				
ind address of previous operator  II. DESCRIPTION OF WELL	AND LEASE				:				
Lease Name	Well No. Pool Name, Including Fort					Kind of Lease		se No.	
Hughes /C/	6A	Blanco 1	Mesaveroe		State, I	State, Federal or Fee		15F078049	
Location U	2255	i	=6.1	2011		-	9.1		
Unit Letter	: 235 <u>5</u>	Feet From The	i	and	O Fee	et From TheE	WL	Line	
Section 33 Townshi	r 29N	Range 80	<u>ии, и</u>	IPM, SAI	u Ju	AU	<del> </del>	County	
III DESIGNATION OF TRAN	ISPORTER OF O	II. AND NATU	RAL GAS						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)								<u>u)</u>	
$M \cdot \cdot \cdot \sim 1$	1 — —	3535 E. 30th Str. FARMINGTON, NM 87401							
Name of Authorized Transporter of Casin	Constitution of the consti	or Diy Gas	Address (Give	address to wh	ich approved	copy of this form	n is 10 be sei	u)	
El Paso Natural Gas Co.				P.O. Box 4990. FA			N NM	87499	
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	is gas actually		When		, , , ,		
give location of tanks.	<u>_i</u>	ll_	<u> </u>				·		
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming!	ing order numl	er:	;				
Designate Type of Completion	Oil Wel	Gas Well	New Well	Workover	Decpen	Plug Back S	ame Res'v	Diff Res'y	
Date Spudded	_,	I	Total Depth	<u>.                                    </u>	L	PRED		<u> </u>	
and phonon	dded Date Compl. Ready to Prod.			:			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casing Shoe		
1 CITOIBITOIS						Dejan Casing	Silve		
	TURING	CASING AND	CEMENTI	NG RECOR	n	<u>!</u>			
HOLE SIZE	CASING & T		CCIVICITI	CEMENTING RECORD			CKS CEMI		
THOLE SIZE	ONSING & 1	DEPTH SET			SACKS CEMENT				
		· · · · · · · · · · · · · · · · · · ·							
	-	· · · · · · · · · · · · · · · · · · ·			<del></del>				
			-:	<del></del>	******************				
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE .	<u> </u>			.J <u></u>			
OIL WELL (Test must be after	recovery of total volume	of load oil and must	be equal to or	exceed top allo	onable for thi	s depth or be for	fidl 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing M	ethod (Flow, pr	unp, gas lýl, i	:Ic.)			
					:				
Length of Test	Tubing Pressure	Casing Pressure			Cluresizes	To E			
				·					
Actual Prod. During Test	ual Prod. During Test Oil - Bbls.			Water - Bbls.			GARACII		
						JUL1 7 1991.			
GAS WELL					į	Oil	COÑ	DIV.	
Actual Prod. Test - MCIVD   Length of Test			Ibbls. Conde	Bbls. Condensate/MMCF			unchestor		
						Gravity of Condensate 3			
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Clioke Size				
		<u> </u>					<u> </u>		
VI. OPERATOR CERTIFIC	CATE OF COM	PLIANCE			10==	ATTION: -			
I hereby certify that the rules and regulations of the Oil Conservation				OIL CON	NSERV	ATION E	DIVISIO	N	
Division have been complied with and that the information given above									
is true and complete to the best of my knowledge and belief.			Date Approved			JUL 1 2 1991 .			
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D. W. Whaley, is					-	1	リーン		
Signature State Admir Cons					- O		and .	<del></del>	
Printed Name Staff Admin Super					SUPE	RVISOR DI	STRICT	<i>4</i> 3	
7-12-91	- AER (ECE)	4280	Title		. 1				
Date	To	lephone 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 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.