Usubmit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

DISTRICUII P.O. Drawer DD, Anesia, 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

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Azlec, NM 87410	REQU				BLE AND A L AND NAT						
Operator							Well API No.				
Amoco Production Comp		3004525749									
Address 1670 Broadway, P. O.	Box 800	, Denve	er,	Colorad	lo 80201						
Reason(s) for Filing (Check proper box)		~	.		Othe	t (Please expl	ain)				
New Well Recompletion	Oil	Change in	Dry (
Change in Operator		id Gas	•								
If change of operator give name and address of previous operator Ter	meco Oi	1 E & F	ο, ε	5162 S.	Willow,	Englewoo	d, Colo	rado 80	155		
II. DESCRIPTION OF WELL	AND LE						,				
Lease Name JONES		Well No. Pool Name, Includi SE BASIN (DAKO				-			Lcase No. RAL SF079938		
Location	· · ·								1412 1 01 07 9 2 3 0		
Unit LetterI	15	20	Feet	From The E	SL Line	and 970	F	et From The	FEL	Line	
Section 35 Townsh	11p 29N				NMPM, SAN J			UAN County			
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	<u> </u>	or Condens		X)	Address (Give	e address to w	hich approved	copy of this f	orm is to be s	eni)	
CONOCO					P. O. BOX 1429, BLOOMFIELD, NM 87413 Address (Give address to which approved copy of this form is to be sent)						
	nie of Authorized Transporter of Casinghead Gas					X 1492,	EL PASC	, TX 79	TX 79978		
If well produces oil or liquids, give location of tanks.	Unit 	Sec.	Twp.	. Rge.	Is gas actually	connected?	Whee	. ?			
If this production is commingled with tha	t from any ou	her lease or p	ool, g	give comming	ling order numb	жг					
IV. COMPLETION DATA		Oil Well	_1	Gas Well	New Weli	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		ni Pandy to	Prod		Total Depth		1	l parn	l	_	
Date Spudded	Date Com	pl. Ready to	r jog.		Total Depar			P.B.T.D.			
Revations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					J			Depth Casing Shoe			
		TIRING	CAS	SING AND	CEMENTI	NG RECOR	!D				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	· · · · · · · · · · · ·										
V. TEST DATA AND REQUE									4 6.11.24 b.s		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		oj toa	d oil and mus		thed (Flow, p			jor juli 24 no	<u> </u>	
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod During Test	OH HE				Water - Bbls.			Gas- MCF	Gas- MCF		
Actual Prod. During Test	Oil - Bbls.	Oil - Bois.			Water - Boile						
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
lesting Method (pilot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	_1 CATE OF	СОМР	LΙΛ	NCE		OIL CO	JOEDV	ΔΤΙΩΝ!	חואופוי	 ЭМ	
Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							AOEU A	AHON	DIVION	J14	
is true and complete to the best of my			., -04		Date	Approve	ed N	IAY 08 1	ρασ		
1 1 2l	ot				Dale	· · · · · · · · · · · · · · · · · · ·	~	\ \	/		
Signiture J. Olampilan					By But? Chang						
J. L. Hampton Sr. Staff Admin Suprv.							SUPERVI	SION DI	STRICT #	7 3	
Janaury 16, 1989		303-8	30-	5025	Title						
Date		Telej	phone	No.	11						

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

- 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 fitled 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.