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

DISTRICT III

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 **Revised 1-1-89** See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O.Box 2088

Santa Fe, New Mexico 87504-2088

1000 Kio Brazos Ku., Azie	c, NM 8/410	REQUEST FOR ALLOWABLE AND AUTHORIZATION						
I		TO TRANSPORT OIL AND NATURAL GAS						
Operator		Atter	Well API No.					
AMOCO PRODUCTION COMPANY				3004528727				
Address								
P.O. Box 800	Denver	Colorado	80201	(303) 830-5427				

Reason(s) for Filing (Check proper box) Other (Please explain) X New Well Change in Transporter of: Dry Gas Recompletion Change in Operator Casinghead Gas _ Condensate _] If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Federal Lease Name Lease No. BASIN FRUITLAND COAL GAS FLORANCE 119-0120 SF-080246 Location _ Feet From The FNL Line and _ 1445' 1325' Unit Letter 21 Township 29 N Range 09 W ,NMPM, County 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)

Name of Authorized Transporter of Casi	nghead Gas	,	or Dry	Gas []	Address (Give	address to whi	ich approved	d copy of this	form is to be se	ent)	
El Paso Natural Gas 98/3/46						P.O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unil	Sec.	Twp.	Rge.	Is gas actually connected? When?						
If this production is commingled with the	t from any	other lease	or pool,	give comm	ingling order n	umber:	- -	····			
IV. COMPLETION DATA $\omega 7$	(, , ,	2813	147	1							
Designate Type of Completion		Oil We	ii /	Gas Well		Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	,	nl. Ready t	o Prod	×	Total Depth	L		P.B.T.D.	<u> </u>	<u></u>	
11-30-92	Date Compl. Ready to Prod. 04-22-93			2366'			2313'				
Elevations (DF,RKB,RT,GR,etc.)5688	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
5699 - df/5700 - kb 6L	Fruitland Coal			1964			2116'				
Perforations (See Backside)					Depth Casing Shoe						
		TUBING	, CASI	NG AND	CEMENTI	NG RECOR	D	L	<u>-</u>		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
12.250	8-6/8		262.7			200 SX CL B W/ 2% CA					
								POZ			
7-7/8	4-1/2			2358.6			MIX W/ 6% GEL. 360				
		2.0			2110						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank

Date of Test

Producing Method (Flow, pump, gas lift, etc.) Producing Method (Flow, pump, gas lift, etc.) Length of Test **Tubing Pressure** Casing Pressure Choke Size 63 63 Actual Prod. During Test Oil - Bbls. Water - Bbls. Gis-MCF MAY 2 5 1993 **GAS WELL** Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF 130 Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size 31. Flowing 100

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the

Donne Lel	and
Signature D. M. TALLANT	STAFF ASSISTANT
Printed Name	Title
Date	Telephone No.

OIL CONSERVATION DIVISION

MAY 2 5 1993 Date Approved

By_

SUPERVISOR DISTRICT #3 Title

- 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

4) changes.

Perforations:

2132-2150° 2050-2066° 2034-2050° 1964-1970°