Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II 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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.		O TRAI	NSP	ORT OIL	AND NA	I UHAL GA		Thi st				
Perator Amoco Production Company					Well API No.							
Address					3004507913							
1670 Broadway, P. O. E	Вох 800,	Denve	r, (Colorad	80201							
Reason(s) for Filing (Check proper box)					Oth	er (Please expla	iin)					
New Well		Change in 1	•									
Recompletion [X] Change in Operator	Oil Casinubead	IGas []	Dry Ga Conde									
t change of operator give name Tone					Jilou	Englarios	d Colo	nada 90	155			
and address of previous operator 1011	ieco ori	L C O F	, 0	102 5.	WILLOW,	Englewoo	a, coro	rado au	133			
II. DESCRIPTION OF WELL										ease No.		
Lease Name	Well No. Pool Name, Includir						CEDE	FEDERAL		910115610		
CALLOW A Location	L	·	PROTI	N (DAKO	187		FEDE	VEGAL 1 310113010				
Unit LetterD	. 990)	Feet Fr	non The FN	L Lin	and 990	Fe	et From The	FWL	Line		
Om Lenei	•											
Section 27 Township	29N		Range	13W	, NI	MPM,	SAN_J	UAN		County		
HL DESIGNATION OF TRAN	SPORTFI	R OF OII	I. AN	ID NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Condens			Address (Give address to which approved copy of this form is to be sent)							
GIANT REFINING					P. O. BOX 256, FARMINGTON, NM 87499							
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)							
EL PASO NATURAL GAS CON							, TX 79978					
If well produces oil or liquids, give location of tanks.				Twp. Rge.		y connected?	Wite	Whea ?				
If this production is commingled with that i	from any othe	r lease or p	ool, gi	ve commingl	ing order num	per:						
IV. COMPLETION DATA												
Designate Time of Constitution	(V)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		l			Total Depth	l	l	I BOTTO	J	_L		
Date Spudded	Date Comp	Date Compl. Ready to Prod.				Total Depair			P.B.T.D.			
evations (DF, RKB, RF, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth					
Perforations								Depth Casir	ig Shoe			
			a . a.	10 115	OPLACATE	NG PEGOD		<u> </u>				
HOLE OVE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
HOLE SIZE												
								_				
					l			<u> </u>				
V. TEST DATA AND REQUES					h		auahla fas th	ie danth oe he	for full 24 hou	err)		
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		ij ioaa	oil and must		exceed top and ethod (Flow, pu			jor juli 24 nos	<u> </u>		
the first on half to talk	Date of Tex					, .,	,,,	•				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size	Choke Size			
								Che MCE				
Actual Prod. During Test	Oil - Ubls.				Water - Bbls.			Gas- MCF				
	1				J			J				
GAS WELL Actual Frod. Test - MCF/D	The pub of 5	est			This Coad-	sale/MMCE		Gravity of	Condensate			
Actual Prod. Test - MCPD	Length of Test				Bbls. Condensate/MMCF			Gravity of Collections				
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shul-in)			Clioke Size	Choke Size			
								<u>.]</u>				
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE		311 OOK	ICEDV	ATION	רו אכוכ	SNI		
I hereby certify that the rules and regul-					'	OIL CON	12EH A	AHON	DIVIDIO	אוכ		
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 MAY 08 1989							
J. L. Hampton					1 3 M d /							
Signature					By_	11 ,						
J. L. Hampton Sr. Staff Admin. Suprv.							SUPERV	ISION DI	STRICT	# 3		
Printed Name Janaury 16, 1989 303-830-5025					Title							
Date		Telep	phone !	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 Pule 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.