Furm C-104 Revised 1-1-89 See Instructions at Buttom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Braz

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

(U) Rio Brazos Rd., Azlec, NM 87410	REQU	JEST FO	OR AI	LLOWAB	LE AND A	UTHORIZ	ZATION				
TO TRANSPORT OIL AND NATURAL GAS								Well API No.			
AMOCO PRODUCTION COMP		3004509464									
P.O. BOX 800, DENVER,	COLORAL	00 8020	1								
cason(s) for Filing (Check proper box)				orter of:	_	z (Please expla					
lew Well	Oil	Change in	Dry G	[]	NA	ME CHANG	E - Flor	-Auce	#38		
Completion		ad Gas 🔲								<del> </del>	
change of operator give name d address of previous operator						<del></del>					
DESCRIPTION OF WELL AND LEASE Well No.   Pool Name, Including						Formation Kind of			Lease No.		
ease Name FLORANCE /I/		38			SAVERDE)			FEDERAL		SF079511A	
ocation							0.0		ЕСП	• :	
Unit LetterL	etter :1650 Feet From The _				FSL Line and 990 Fee			t From The FWL Line			
Section 14 Towns	Section 14 Township 30N Range 8W				, NMPM, SAN			JUAN	JUAN County		
II. DESIGNATION OF TRA	NSPORT	ER OF O	IL A	ND NATU	RAL GAS		hich approprie	conv of this f	urm is to be se	w)	
lame of Authorized Transporter of Oil or Condensate					P.O. R	OX 1429	BLOOME	LELD. NM	copy of this form is to be sent) ELD NM 87413		
tame of Authorized Transporter of Casinghead Gas			or Dr	y Gas 🔲	Address (Give address to which approved to			copy of this form is to be sent)			
SUNTERRA GAS GATHERI	SUNTERRA GAS GATHERING CO.				P.O. B	P.O. BOX 1899, BLOOM is gas actually connected?			FIELD, NM 87413		
If well produces oil or liquids,	į Unit I	Soc.	Twp	i wae.	is gas scitzi						
this production is commingled with the	at from any o	ther lease or	pool, g	ive comming	ing order sum	iber:					
V. COMPLETION DATA						Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Conpletion	on - (X)	Oil Wel	1   	Gas Well	Mem men	l	Dup		İ	<u>i</u>	
Date Spudded		npl. Ready	o Prod.		Total Depth	-		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay Tub			ubing Depth		
Secretario (5) , teres, 111, 511, 511,					J	l <u> </u>			Depth Casing Shoe		
Perforations						_		<u></u>		<u> </u>	
		TUBING, CASING AND				CEMENTING RECORD			SACKS CEMENT		
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SAOKS CEMENT		
					<del> </del>						
V. TEST DATA AND REQU	icer con	ALLOV	VARI.	<u>E</u>							
V. TEST DATA AND REQU OIL WELL (Test must be af	er recovery o	Total value	e of loa	d oil and mu	i be equal to	or exceed top a	Howable for H	his depth or be	for full 24 hou	ws.)	
Date First New Oil Rua To Tank	Date of				Producing 1	Method (Flow,	pump, gas iyi	, etc.)			
Length of Test	Tubing	Tubing Pressure			Casing	au F	1 1 1	Chake Siz	e		
					Water Bu		. 9 17 10	GE MCF			
Actual Prod. During Test	Oil - Bt	ds.		-	[12	T OCT 2	9 1990				
GAS WELL						OIL C.C.	F. 5 . 1. 1.	4	Carlessia		
Actual Prod. Test - MCIVD	Leagth	of lest			Bbls. Con		75 (1) <b>7</b> 5 (1)	Gravity of	Condensate		
	Tuhing	Tubing Pressure (Shut-in)				saure (Shut-in)		Choke Si	ie		
l'esting Method (pitot, back pr.)	. 20118									<del></del>	
VI. OPERATOR CERTIF	TCATE	OF CON	1PLI	ANCE	1	OIL CC	NSER'	OITAV	DIVIS	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					11	OCT 2 9 1990					
Division have been complied with is true and complete to the best of	my knowled	ge and belief			∥ Da	te Approv	ved		J 1330		
11/1/1/	7					••		ه دید	=0. /	•	
Signature Signature					Ву	By SUPERVISOR DISTRICT /3					
Signature Doug W. Whaley, Staff Admin. Supervisor Finited Name Title					Tit	le			DISTRIC	F 3	
October 22, 199 <u>0</u>		303	-830 Telepho	-4280						_	
Date			cichio	THE 170.					البرسيسين		

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.