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

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

State of New Mexico Energy, Minerals and Natural Resources Department Furm 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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I | TO | TRAN | SPO | RT OIL | AND NA | TURAL GA | S | T A P | t No. | | | |
|--|--|----------------------------|------------------------------|------------|--|---|--------------|--------|-----------------------|--------------------|------------------------|--|
| Operator AMOCO PRODUCTION COMPAI | | Well API No. 3004520065 | | | | | | | | | | |
| Address P.O. BOX 800, DENVER, | COLORADO | 80201 | | | | | | _ | | | | |
| Reason(s) for Filing (Check proper bax) New Well Recompletion Change in Operator | | ange in Tri | nsporte ry Gas ondensa | | Oth | a (l'Iease expla | in) | | | | | |
| If change of operator give name | | | | | | | | | | | | |
| and address of previous operator | | | | | | | | | | | | |
| II. DESCRIPTION OF WELL A Lease Name MOORE | Well No. Pool Name, Includin 7 BAS1N (DA | | | | | | | | Lease ERAL | | Lease No. SF078580A | |
| Location A | 990 Feet From The | | | | FNL Line and 930 Fe | | | Feet | et From The FEL Line | | | |
| Unit Letter4 Township | 30N 8W | | | | | | | SAN | I JUAN County | | County | |
| III. DESIGNATION OF TRAN | | | | NATU | RAL GAS | - | | | | | | |
| Name of Authorized Transporter of Oil or Condensate | | | | | | 3535 EAST 30TH STREET, FARMINGTON, NM. 87401 | | | | | | |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas L. PASO NATURAL GAS CONPANY | | | | | | Address (Give address to which approved of P.O. BOX 1492, EL PASO | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit Se | c. T | wp. | Rge. | | | | Whea ? | | | | |
| If this production is commingled with that | from any other | ease or po | ol, give | comming | ing order num | ber: | | _ | | | | |
| IV. COMPLETION DATA Designate Type of Completion | | Dil Well | G | s Well | New Well | Workover | Deepc | . | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded | Date Compl. | Ready to P | rod. | | Total Depth | | L | | P.B.T.D. | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | | Top Oil/Gas Pay | | | | Tubing Depth | | | |
| Perforations | | | | | | | | | | Depth Casing Slice | | |
| | TU | BING. C | ASIN | G AND | CEMEN'TI | NG RECOR | <u> </u> | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SET | | | | SACKS CEMENT | | | |
| | | | | | | | | | | | | |
| | | TOWN | D1 12 | | | | | | | | | |
| V. TEST DATA AND REQUE OIL WELL (Test must be after | ecovery of total | LOWA! | load o | il and mus | t be equal to a | r exceed top all | lowable for | this | depth or be | for full 24 ho | us.) | |
| Date First New Oil Rua To Tank | Date of Test | | | | Producing Method (Flow, pump, gas lift, e. | | | | | | | |
| Length of Test | Tubing Press | Tubing Pressure | | | | Casing Plante He He | | | Collegius | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbls FEB2 5 1991 | | | | Gai- MCF | | | |
| GAS WELL | 1 | | | | | OIL CO | 7N. 1 | יונ | | | | |
| Actual Prod. Test - MCI/D | Lingth of Test | | | | Bbls. Condensate/MM(1)51. 3 | | | | Gravity of Condensate | | | |
| lesting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shul-in) | | | | Choke Size | | | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation | | | | | OIL CONSERVATION DIVISION | | | | | | | |
| I hereby certify that the rules and regulations to the order of the Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | | | Date ApprovedFEB 2 5 1991 | | | | | | | |
| Nel Alex | | | | | | 3110 | | | | | | |
| Signature Boug W. Whaley, Staff Admin. Supervisor | | | | | | SUPERVISOR DISTRICT #3 | | | | | | |
| Printed Name February 8, 1991 303-830-4280 Telephone No. | | | | | | 0 | | | | | | |
| Date | السندي جي | 1010 | HEART I | | 4 | | | - | | | | |

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.