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

DISTRIC' II P.O. Drawer DD, Anesia, NM 88210

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

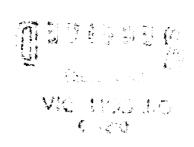
Energy, Minerals and Natural Resources Department OIL CONSERVATION DIVISION

| Reviews | €-1-89    |
|---------|-----------|
| See In  | netjong - |
| at Bot/ | " Page    |

| 1000 RIO BIZZA RE, NZCC, INIT 67410   |                             |                       | ALLOWAE                  |   |                            |                |  |                                       |              |  |
|---|-----------------------------|-----------------------|--------------------------|---|----------------------------|----------------|--|---------------------------------------|--------------|--|
| I.  | -                           | TO TRANS              | SPORT OIL                | AND NA  | TURAL GA                   |                | Pl No.   |                                       |              |  |
| Operator  | (                           | ١_                    |                          |   |                            | Well A         | 11 110.  |                                       |              |  |
| Amoco Product   |                             |                       |                          | 1 1m  | 27.101                     |                |  |                                       |              |  |
| 2325 E 30+h Reason(s) for Filing (Check proper box)   | 54,                         | Farmir                | 1840V                    |   | 8740)<br>er (Please explai | in)            |  |                                       |              |  |
| New Well  |                             | Change in Tra         | nsporter of:             |   | Name                       |                | .و   |                                       |              |  |
| Recompletion  | Oil                         |                       | y Gas                    | ^   |                            | _              |  |                                       |              |  |
| Change in Operator  | Casinghead                  | d Gas [ ] Co          | ndensate                 | Cas   | e 9420                     | Ordo           | er R-8   | 168                                   |              |  |
| If change of operator give name and address of previous operator  |                             |                       |                          |   |                            |                |  |                                       | <u> </u>     |  |
| II. DESCRIPTION OF WELL   | AND LE                      | ASE                   |                          |   |                            |                |  |                                       |              |  |
| Lease Name  |                             | 1 _                   | ol Name, Includi         | -   | _                          | 10             | Lease  | .                                     | ease No.     |  |
| Florance<br>Location  |                             | STAIS                 | Basin Fr                 | uitland   | Coal Ga                    | 5 31410,       | Federal or Fe                                    | SF-C                                  | 800,00       |  |
| Unit LetterE  | : 140                       | 55 Fee                | et From The              | NLin  |                            |                | et From The                                      | w                                     | Line         |  |
| Section 26 Townshi  | P 29                        | N Ra                  | nge 9W                   | , NI  | мрм,                       | San Ju         | 180  | <u> </u>                              | County       |  |
| III. DESIGNATION OF TRAN  | SPORTE                      |                       |                          |   |                            |                |  |                                       | el           |  |
| Name of Authorized Transporter of Oil   |                             | or Condensate         | $\bowtie$                |   | e address to wh            | -              |  |                                       |              |  |
| Giant Refining Name of Authorized Transporter of Casing   | head Gas                    | or                    | Dry Gas 🔀                | ry Gas Address (Give address to which approved copy of this form is to be sent) |                            |                |  |                                       |              |  |
| Sunterra  |                             |                       |                          |   |                            |                |  |                                       |              |  |
| If well produces oil or liquids,  | Unit                        | Sec. Tw               | • •                      | is gas actuali  | y connected?               | When           |  | 3                                     |              |  |
| give location of tanks.   | <u>  E  </u>                |                       | MPINP                    | 1   |                            |                | 0-26.  | 85                                    |              |  |
| If this production is commingled with that:  IV. COMPLETION DATA  | from any oth                | er lease or pool      | , give commingl          | ing order num   | ber:                       |                | <del>-                                    </del> |                                       | <del> </del> |  |
| Designate Type of Completion  | - (X)                       | Oil Well              | Gas Well                 | New Well  | Workover                   | Deepen         | Plug Back  | Same Res'v                            | Diff Res'v   |  |
| Date Spudded  |                             | l<br>ol. Ready to Pro | l<br>xd.                 | Total Depth   | l                          | l <u></u>      | P.B.T.D.   | l                                     |              |  |
| Elevations (DF, RKB, RT, GR, etc.)  | Name of Producing Formation |                       |                          | Top Oil/Gas Pay   |                            |                | Tubing Depth                                     |                                       |              |  |
| Perforations  |                             |                       |                          |   |                            |                |  |                                       |              |  |
| T CITO BILONS   |                             |                       |                          |   |                            |                | Depth Casir                                      | ig Snoe                               |              |  |
|   |                             | UBING, CA             | SING AND                 | CEMENTI   | NG RECORI                  | )              | ,  |                                       |              |  |
| HOLE SIZE   | CA:                         | SING & TUBII          | IG SIZE                  | DEPTH SET   |                            |                | SACKS CEMENT                                     |                                       |              |  |
|   | <del> </del>                |                       |                          |   |                            |                |  |                                       |              |  |
|   |                             |                       |                          |   |                            |                | · · · · · · · · · · · · · · · · · · ·            |                                       |              |  |
|   |                             |                       |                          |   |                            |                |  |                                       |              |  |
| V. TEST DATA AND REQUES OIL WELL (Test must be after r  |                             |                       | -                        | he equal to or  | erceel ton alla            | wahle for this | s double or ha                                   | for full 24 hou                       | er 1         |  |
| Date First New Oil Run To Tank  | Date of Te                  |                       | ALCO ON GIRL INIGE       |   | ethod (Flow, pu            |                |  | jor just 24 nou                       | vs.j         |  |
|   |                             |                       |                          | 1   | WEC                        | FIV            | EM   | · · · · · · · · · · · · · · · · · · · | <del></del>  |  |
| Length of Test  | Tubing Pressure             |                       |                          | Casing Press  |                            |                | Choline  |                                       |              |  |
| Actual Prod. During Test  | Oil - Bbls.                 |                       | Water - Bbls. MARI 41989 |   |                            | Gas- MCF       | Gas- MCF   |                                       |              |  |
|   |                             |                       |                          |   |                            | 1.             | 1.   |                                       |              |  |
| GAS WELL  |                             |                       |                          |   | OIL C                      |                | <b>IV</b>  |                                       |              |  |
| Actual Prod. Test - MCF/D   | Length of Test              |                       |                          | Bbls. Condensate/MMCFDIST. 3  |                            |                | Gravity of Condensate                            |                                       |              |  |
| l'esting Method (pitot, back pr.)   | Tubing Pressure (Shut-in)   |                       |                          | Casing Pressure (Shut-in)   |                            |                | Choke Size                                       |                                       |              |  |
| VI ODED ATOD CEDTICIC   | ATE OF                      | COMPL                 | ANCE                     | <u>                                     </u>                                    | <del></del>                |                | <del></del>                                      |                                       | <del></del>  |  |
| VI. OPERATOR CERTIFIC   |                             |                       |                          | (   | OIL CON                    | ISERV.         | ATION  | DIVISIO                               | NC           |  |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above |                             |                       |                          |   |                            |                |  |                                       |              |  |
| is true and complete to the best of my  | knowledge a                 | nd belief.            |                          | Date  | Approve                    | d              | MAR 1  | 4 1989                                |              |  |
| BShaw   |                             |                       | 3110                     |   |                            |                |  |                                       |              |  |
| Signature B.D. Shaw   | Δ                           | dm Su                 | PV                       | By_   |                            |                |  | DISTRIC                               | T#3          |  |
| Printed Name  | (505                        | 11<br>3 - 345 (       | ılê                      | Title   |                            |                |  |                                       | ·            |  |
| 3-6-89<br>Date  | _(202                       | 7 - Clepho<br>Telepho |                          |   |                            |                |  |                                       |              |  |

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.



## STATE OF NEW MEXICO ENERGY AND MINERALS GEPARTMENT

## OIL CONSERVATION DIVISION POLIOX 2018 SANTA FE, NEW MEXICO 87501

Form C-102 Revised 10-1-78

All distances must be from the outer boundaries of the Section Well Ho. (1.210101 Flocanc Township Section  $\alpha \omega$ Son Juan <u>26</u> Actual Last 140 Location of Well: feet from the 1455 North Producing Formation Ground Level Elev. 1. Outline the acrenge dedicated to the subject well by colored pencil or bachare marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc? If answer is "yes," type of consolidation \_\_\_ Yes No If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.). No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division. CERTIFICATION I hereby certify that the Information contoined herein is true and complete to the 455 best of my knowledge and belief. I hereby certify that the well location shown on this plat was platted from field notes of octual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief. Registered Professional Engineer and/or Land Surveyor Certificate No. .