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

DISTRICT II P.O. Diawer DD, Antesia, NM 88210

<u>DISTRICT.]]]</u> 1000 Rio Βισώς Rd., Απές, ΝΜ 87410

OIL CONSERVATION DIVISION

Material Character

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

Energy, Minerals and Natural Resources Department

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

1.	REQUEST FOI	R ALLOWA ISPORT O	ABLE AND AUTHO	ORIZATIO	N		
Operator	Amaco Production Co				Well API No.		
Vadicas							
Reason(s) for Filing (Check proper box) New Well Recompletion	Street, F Change in Tr	ransporter of:	Other (Please Effective			<u>CEIVE</u> PR 0 7 1989	
Change in Operator	Casinghead Gas Co	ondensate	ETTECTIVE	4-1 01	<i>F</i> \Γ		
If change of operator give name and address of previous operator				•		<u>COM DIV</u> DIST. 3	
II. DESCRIPTION OF WELL						·//31. 3	
Well No. Pool Name, Inclu			ling Formation Dakota		nd of Lease Federa or Fee	Lease No. 55080723	
Unit Letter	_:1970Fc	ed From The	SLine and(040	Feet From The	ELine	
Section 19 Townshi	ip 29 N Ra	inge 124) , NMPM,		Juan	County	
Manie of Authorized Transporter of Oil Control of Authorized Transporter of Oil	or Condensate	AND NATU E⊠	Address (Give address to	o which approv	ved copy of this form	is to be sent)	
Name of Authorized Transporter of Casinghead Gas [] or Dry Gas []			The state of the s				
If well produces oil or liquids, give location of tanks.	Unit Sec. Tw	and low.	in Paracional Connected	oth St.	farming to	DO NW 81401	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool	, give comming	ing order number:				
Designate Type of Completion - (X) Oil Well Gas Well		New Well Workover	r Deepen	Plug Back San	ne Res'v Diff Res'v		
Date Spudded	Date Compl. Ready to Pro-	d.	Total Depth	I	P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Sh	υ e	
Continues and the second of th	TUBING CA	SING AND	CEMENTING RECO	2012			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SE [SACKS CEMENT		
V. TEST DATA AND REQUES OIL WELL Gest must be after re							
) II. WELL. (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test		be equal to or exceed top a Producing Method (Flow,	allowable for 1) pump, gas lift,	is depth or be for fu etc.)	il 24 hows.)		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF		
GAS WELL							
Actual Picel. Test - MCI7D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	general services	Choke Size	-	
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			OIL CONSERVATION DIVISION				
is true and complete to the best of my knowledge and belief.			Date Approved				
Signature Signature			By				
Printed Name Title			Title SEPERVISION DISTRICT # 3				
Date APR = 5 1989 (505) 325-8841 Telephone No.			i ilio				

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 filled for a decade to analytical content of the changes.