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

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 II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

	HEQUI	CO TEA!	ICD	ORT OIL	AND NA	CURAL G	AS	11014				
erator	!	O INAL	יטר	ON I OIL	7110 11/71	31 1/1L Q		Well A	Pl No.			
Amoco Production Comp		3004524283										
lress 1670 Broadway, P. O.	Box 800,	Denve	r,	Colorado								
ison(s) for Filing (Check proper box)					Othe	r (Please exp	lain)					
v Well		Change in T		[7]								
ompletion 📋	Oil		Dry G									
nge in Operator		i Gas 📙 (
addless to previous operator	nneco Oil		, 6	162 S. V	Villow,	Englewoo	od,	Color	ado 80	155		
DESCRIPTION OF WELL	<u> AND LEA</u>	SE	D 1 h	Name, Includir	a Eumation					ما	ase No.	
ase Name	~ ~ ~ ~ ~ ~ +nnnn				AL SF065557							
RNELL E 30/	B	IE B	<u> </u>	N (DAKO)	(A) /	1-1-1		1 DDG1	<u> </u>	1 52.000	1991	
Unit Letter C	_ :820	r/75	() Fea I	From The FNI	Lin	and 1550	17	7 <u>0</u> Fee	et From The	FWL	Lin	
Section 12 Towns	hip29N		Range	e12W	, NI	мрм,		SAN JU	JAN		County	
DESIGNATION OF TRA	NCDODTE	p OF OI	Ι. Δ!	ND NATU	RAL GAS							
me of Authorized Transporter of Oil	TOLOKIE	or Condens	sale		Address (Giv	e address 10 1	which	approved	copy of this f	orm is to be se	nt)	
IANT REFINING					P. O. BOX 256, FARMINGTON, NM 87499							
me of Authorized Transporter of Cas		or Dr	y Gas X	Address (Give address to which approved of				copy of this form is to be sent)				
L PASO NATURAL GAS C			-			X 1492,						
well produces oil or liquids, e location of tanks.		Sec.	Twp.	Rge.		y connected?		When				
his production is commingled with th	at from any oth	er lease or p	pool, g	give comming)	ing order num	ber:						
. COMPLETION DATA		109 10.11		C W-II	New Well	Workover	-1-	Deepen	Pino Back	Same Res'v	Diff Res'v	
Designate Type of Completic	on - (X)	JOH Well	1	Gas Well	New Well	I	i	Беерен			i	
te Spudded	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.			
vations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
dorations					l				Depth Casi	ng Shoe		
		TIDING	CAS	SING AND	CEMENT	NG RECO	RD		!			
LOUE OUT		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SE			SACKS CEMENT			
HOLE SIZE	OLE SIZE CASING & TOBING SIZE											
									1			
TEST DATA AND REQU	EST FOR A	ALLOW	ABL	E	J							
LWELL (Test must be after	er recovery of u	otal volume	of loa	d oil and musi	be equal to o	r exceed top o	llow	able for the	s depth or be	for full 24 hou	urs.)	
te First New Oil Run To Tank	Date of Te				Producing M	lethod (Flow,	pum	p, gas lift.	etc.)			
										I Charles San		
ngth of Test	of Test Tubing Pressure				Casing Pressure				Choke Size			
									Gas- MCF			
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.							
AS WELL												
ctual Prod. Test - MCI/D	Length of	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate		
										Choke Size		
sting Method (pitot, back pr.)	Tubing Pro	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)						
I. OPERATOR CERTIF	ICATE OF	F COMI	PLIA	ANCE			ואר	SERV	ΔΤΙΩΝ	DIVISION	ON.	
I hereby certify that the rules and re	egulations of the	e Oil Consci	rvation	n	H	OIL OC	/! N		ALION	514101	٠.٠	
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						
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Singature	•			C	"		ø	IIPERVI	SION DI	STRICT	# 5	
J. L. Hampton	Sr. Staf	I. Admi	n. i Title	e oubca	Title	•	٠	~ ~ ~ · · · · ·				
Janaury 16, 1989		303-		-5025	1							
Date		Tel	cphon	e No.	II							

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.