Submit 5 Copies
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 III 1000 Rio Brans Rd., Aziec, NM 87410

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

					RLE AND NA						
() Operator	T VIAD IAV	AND NATURAL GAS Well API No.									
Amoco Production Company						3004524418					
Address 1670 Broadway, P. O	. Box 800, D	enver,	C	olora							
Reason(s) for Filing (Check proper bo				-	Oth	et (Please expl	ain)				
New Well		nge in Tran	•	("")							
Recompletion L	Oil		Gas								
(days of second second	Casinghead Ga						1 0:				
and address of previous operator	enneco Oil E	& P,	610	52 S.	Willow,	Lnglewoo	d, Colo	rado 80	1155		
II. DESCRIPTION OF WE		<u> </u>		- 	E. P. C.					ease No.	
Lease Name EATON COM B	1 1 tum						FEDE	RAL			
Location		!									
Unit Letter P	:1040	Fee	t Fro	m The $\frac{\mathbf{F}}{\mathbf{F}}$	SL Line	and 790	Fe	et From The	FEL	Line	
Section 25 Tow	nshin 29N	Ran	nge 1	1W	. NI	мрм,	SAN J	UAN		County	
										-	
III. DESIGNATION OF TR					JRAL GAS	e address to w	hick approved	conv of this	form is to be to	ent)	
Name of Authorized Transporter of Oil or Condensate X				X	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1429, BLOOMFIELD, NM 87413						
Name of Authorized Transporter of Casinghead Gas or Dry Gas [X]					Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS If well produces oil or liquids,	COMPANY Unit	[Tw	_	D	P. O. BOX 1492, EL PASO Is gas actually connected? When			4			
if well produces off or fiquids, give location of tanks.		i **	r 		To gas avvasin	,					
If this production is commingled with	that from any other lea	se or pool	, give	commin	gling order num	ber:					
IV. COMPLETION DATA	lo:	W. II	-	W-II	Now Well	Workower	l Deenen	Dlug Back	Same Res'v	Diff Res'v	
Designate Type of Complet		Well	, G	as Well	New Well	Workover	Deepen	Link Dack	Partic Kes A	Dill Activ	
Date Spudded	Date Compl. Re	ady to Pro	d.		Total Depth		- 	P.B.T.D.			
Three of the part	Name of the Jo	ina liames	lio-		Top Oil/Gas	Pav		Tubing De-			
Elevations (DF, RKB, RF, GR, etc.) Name of Producing Formation					100 01000				Tubing Depth		
Perforations					. 4			Depth Casi	ng Shoe		
	7715	NC C:	CI	10 AN	CEMENTE	NC DECOF)D	L			
HOLE SIZE CASING & TUBING S					CEMENTING RECORD DEPTH SET			SACKS CEMENT			
FIOLE SIZE	- CASING	_ , _ , _ , ,									
V. TEST DATA AND REQ	UEST FOR ALL	ÖWÁBL	Ē					4			
OIL WELL (Test must be a	ter recovery of total v	olume of lo	ad o	il and mu					for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (<i>Flow, p</i>	wrtp, gas iyi, i	ac./			
Length of Test	Tubing Pressure	Tubing Pressure				Casing Pressure			Choke Size		
actual Prod. During Test Oil - Bbls.				Water - Bbls			Gas- MCF	Gas- MCF			
Actual Prod. Daring 1881	ual Prod. During Test Oil - Bbls.					Water - Dolk					
GAS WELL											
ACTUAL Prod. Test - MCF/D Length of Test					Bbis. Conder	sale/MMCF		Gravity of Condensate			
Takina Barana Zélad lah				-	Codes (Section (Shutter)			Choke Size			
Testing Method (pitot, back pr.)	Tuoing Piessure	Tubing Pressure (Shut-in)				Casing Pressure (Shul-in)			CHOICE SILE		
VI. OPERATOR CERTII	TCATE OF CO	OMPL1	ΑN	CE	-11		10551	A	DD #201		
I hereby certify that the rules and	regulations of the Oil (Conscrvatio	nc		(OIL CO	NSERV.	AHON	DIVISIO	אכ	
Division have been complied with is true and complete to the best of			bove					80 YAN	1000		
					Date	Approve	ea!	101 00	1.107		
4. J. Stampton					l Rv		Bis	>. el	rang/		
Significant St. Staff Admin. Suprv.					""	SUPERVISION DISTRICT # \$					
Printed Name		Titl	le "		Title						
Janaury 16, 1989		03-830 Telephoi									

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.