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

DISTRICE II
P.O. Drawer DD, Anesia, NM 88210

DISTRICT III

LIMB Rio Henry Rd. Actor, NM 87410

000 Rio Brazos Rd., Aztec, NM 87410	HEQUES			BLE AND AUTHORIZ				
Operator	, AND NATURAL GAS [Well API No.							
Amoco Production Company				3004524431				
Address 1670 Broadway, P. O.	Box 800. De	enver	. Colorad	o 80201	1500-	321731		
Reason(s) for Filing (Check proper box)	BOX 000, BC		, colorad	Other (Please expla	in)			
New Well	Chang	ge in Tr	ansporter of:					
Recompletion [7]	Oil							
Thange in Operator	Casinghead Gas	<u> </u>	ondensate					
change of operator give name Tend address of previous operator Ten	neco Oil E	& P,	6162 S.	Willow, Englewoo	d, Colo	rado 801	55	
L DESCRIPTION OF WELL								
case Name	Well		ool Name, Includi				1	ease No.
BUNCE COM .ocation		ВІ	ANCO (MES	AVERDE)	FEE		FEE	
Unit Letter C	. 990	Fe	ed From The FN	Line and 1650	Fe	et From The	WL	Lin
Section 19 Towns	nip 29N		ange 10W	, NMPM,	SAN J			County
II. DESIGNATION OF TRA	NSPORTER OF	e ou.	AND NATU	RAL GAS				
Name of Authorized Transporter of Oil		ondensat		Address (Give address to wh	• •			int)
CONOCO	CONOCO			P. O. BOX 1429, BLOOMFIELD,				
lame of Authorized Transporter of Casi] or	Dry Gas [X]	Address (Give address to wh				:nt)
EL PASO NATURAL GAS CO	Unit Sec.	In	wp. Rge.	P. O. BOX 1492, is gas actually connected?	EL PASC When		1/8	
ve location of tanks.	1	'		Bee examily continued	1			
this production is commingled with the V. COMPLETION DATA	t from any other leas	e or poo	ol, give comming	ling order number:				
	Oil	Well	Gas Well	New Well Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v
Designate Type of Completion			1	J	1	<u> </u>		
ate Spuided	Date Compl. Rea	dy to Pr	vd.	Total Depth		P.B.T.D.		
levations (DF, RkB, RT, GR, etc.)	GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth		
erforations				l		Depth Casing	Shoe	
	THRU	NG C	ASING AND	CEMENTING RECOR	D	<u> </u>		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT		
. TEST DATA AND REQUE	ST FOR ALLC	ΝΨΑΪ	i.E	1		1		
-				be equal to or exceed top allo	mable for the	is depth or be for	full 24 hou	rs)
rate First New Oil Run To Tank	Date of Test			Producing Method (Flow, pu				
ength of Test	Tubing Pressure			Casing Pressure		Choke Size		
				Water - Bbls.		Gas- MCF		
Actual Prod. During Test	Oil - Bbls.			water - noir		Gair Mc		
GAS WELL								
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF		Gravity of Condensate		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	es. III		Caring Pressum (chartes		Choke Size		
esting Method (pilot, back pr.)	Tubing Pressure ((anut-iti))	Casing Pressure (Shui-in)		Choke Size		
I. OPERATOR CERTIFIC	CATE OF CO	MPI	IANCE			. —		
I hereby certify that the rules and reg				OIL CON	ISERV	ATION D	NVISIC	NC
Division have been complied with an	d that the information	n given :				MAY AO -	202	
is true and complete to the best of my	KITOMICORG MIG OCII	u.		Date Approve	d	MAY 08 1	989	
4. L. Han	roton			D.	3.1) d.	/	
Signature	ν·			Ву	6110000		~	
J. L. Hampton S	r. Staff Ad		Suprv	Title	SUPERV	ISION DIS	TRICT	# 3
Janaury 16, 1989	30		0-5025	Title				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 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.

Telephone No.

- 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.