Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

DISTRICT III Dd. Amer NAI 97410 Santa Fe, New Mexico 87504-2088

1000 KIO BIA708 KU., AZICC, NINI 8741	HEQUE		ALLOWA							
l. Operator	_ AND NAT	AND NATURAL GAS Well API No.								
Amoco Production Com		3004524445								
Address 1670 Broadway, P. O.	Box 800,	Denver	, Colorad							
Reason(s) for Filing (Check proper box		· · · · · · · · · · · · · · · · · · ·		Othe	r (Please expla	zin)				
New Well Recompletion	Oil Ch		nsporter of:							
Change in Operator	Casinghead G	`	ndensate							
(2-11-11-11-11-11-11-11-11-11-11-11-11-11	enneco Oil		6162 S.	Willow, 1	Englewoo	d, Colo	rado 80	155		
II. DESCRIPTION OF WEL	L AND LEASI									
Lease Name	1	Well No. Pool Name, Includi			· .			Lease No.		
VALDEZ A	Į1E	φπ	ERO (CHAC	RA)		FEE		FEE		
Location Unit LetterG	: 2390	Fe	et From The FN	L Line	and 2560	Fe	et From The	FEL	Line	
Section 24 Town	, NMPM, SAN JUAN County					County				
III. DESIGNATION OF TRA		OF ()IL Condensate			address to wh	hich approved	copy of this f	orm is to be se	ni)	
GIANT REFINING (S	P. O. BOX 256, FARMINGTON, NM 87499									
Name of Authorized Transporter of Ca	Address (Give address to which approved copy of this form is to be sent)									
If well produces oil or liquids,	L PASO NATURAL GAS COMPANY well produces oil or liquids, Unit Soc. Twp. Rge e kocation of tanks.				P. O. BOX 1492, EL PASO, TX 79978 Is gas actually connected? When ?					
If this production is commingled with the IV. COMPLETION DATA	nat from any other le	ease or poo	I, give comming	ling order numb	er:					
Designate Type of Completic		il Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Dill Res'v	
Date Spudded	Spudded Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casir	Depth Casing Shoe		
	TUBING, CASING AND				IG RECOR	D	'			
HOLE SIZE	CASIN	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQU								Cor Gull 24 hour		
() IL 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 allowable for this depth or be for full 24 howrs.) Producing Method (Flow, pump, gas lýt, etc.)					
Length of Test	Tubing Pressur	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			Gas- MCF		
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
l'esting Method (pitot, back pr.)	Tubing Pressu	c (Shut in)		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIF				0	OIL CON	NSERV	ATION	DIVISIO	N	
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 and belief.				Date Approved MAY 0.8 1989						
a. L. Hamoton				3 1) d						
Signifure J. L. Hampton Sr. Staff Admin Suprv.				SUPERVISION DISTRICT # 3						
Printed Name Janaury 16, 1989 Date		Ti 303-830 Telepho	0-5025	Title						
		•		11						

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.