Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

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 Brazos Rd., Azlec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I		TO TRA	NSI	PORT OIL	AND NA	TUHAL G		ADI No			
perator Amoco Production Company					Well APT No. 3004524800						
Address 1670 Broadway, P. O.	Box 800), Denve	er,	Colorad	o 80201						
Reason(s) for Filing (Check proper box) New Well Recompletion	Oil	Change in	Trans Dry (porter of:		ct (l'lease expl	lain)				
Change in Operator X I change of operator give name Ten		ad Gas		6162 S.	Willow.	Englewoo	nd. Colo	rado 80	0155		
and address in pic rious operator			· , (J102 B.	WIIIOW,	Digiewoo	Ju, COTO	rado o	7133		
I. DESCRIPTION OF WELL Lease Name	AND DE	Well No. Pool Name, Including For				`. L			- I	Lease No.	
HAMNER Location		βE BASIN (DAKOTA)				A) ţEi			ERAL SF080245		
Unit Letter M	97	70	Feet From The FSL Line and 870				Feet From The FWL Line				
Section Townshi	p29N	29N Rango ^{9W} , NMPM				мрм,	SAN JUAN County				
III. DESIGNATION OF TRAN	SPORTI			ND NATU	RAL GAS					0	
Name of Authorized Transporter of Oil CONOCO	orter of Oil or Condensate 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 Casin	e of Authorized Transporter of Casinghead Gas or Dry Gas X				Address (Giv	e address 10 w	hich approved	copy of this form is to be sent) TY 70078			
EL PASO NATURAL GAS CO	Unit	Sec.	Twp	Rge.	P. O. BOX 1492, EL PASIs gas actually connected?						
give location of tanks. If this production is commingled with that	from any o	ther lease or p	pool,	give commingl	ing order num	ber:					
IV. COMPLETION DATA							1 5	I be a back	Icama Basin	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well		Gas Well	İ	Workover	Deepen] Flug Dack	Same Res'v	L	
Date Spudded	Date Con	npl. 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	L				1			Depth Casi	ng Shoe		
		TUBING,	CA:	SING AND	CEMENTI	NG RECO	RD	.,			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUE					1			<u> </u>			
OIL WELL (Test must be after) Date First New Oil Run To Tank	Date of T		of loa	d oil and must		exceed top all ethod (Flow, p			for full 24 ho	urs.)	
Length of Test	Tubing P	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	J				1						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Plessure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE O	F COMP	LI	NCE			NSERV	ATION	DIVISIO	 	
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.					OIL CONSERVATION DIVISION MAY 08 1989						
Of I Than stand					Date Approved						
Symbol Sr. Staff Admin. Suprv.					By_		SUPER	VISION	DISTRIC	T # 3	
Printed Name Janaury 16, 1989 Unite		303-8	Tide 330		Title	·					

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.