Submit 5 Copies
Appropriate District Office
DISTRICT |
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 Instruction

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator AMOCO PRODUCTION COMPANY 3004524850 Address P.O. BOX 800, DENVER, COLORADO 80201 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of Dry Gas Recompletion Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease Lease No. Lease Name FLORANCE 3) 52 117# OTERO (CHACRA) FEDERAL SF080247 Location Н FEL Feet From The Feet From The 35 29N SAN JUAN NMPM. Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil
MERIDIAN OIL INC. 3535 EAST 30TH STREET, FARMINGTON, NM 87401 or Dry Gas Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS COMPANY P.O. BOX 1492, EL PASO, TX is gas actually connected? When ? If well produces oil or liquids, give location of tanks. Rgc. Twp. If this production is commingled with that from any other lease or gool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v Diff Res'v New Well | Workover Oil Well Gas Well Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Name of Producing Formation Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Depth Casing Slice l'erforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE e equal to or exceed top allowable for this depth or be for full 24 hours.) (Test must be after recovery of total volume of load oil OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Length of Test **Tubing Pressure** Oil - Bbls. Actual Prod. During Test OIL CON. DIV. GAS WELL Bbls. Condensate/10157. 3 Gravity of Condensate Leagth of Test Actual Fruit Test - MCT/D Choke Size Casing Pressure (Shul-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation FEB 2 5 1991 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 3.11) B SUPERVISOR DISTRICT /3 Signature Doug W. Whaley Staff Admin Title Title. February 8, 303-830-4280

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
- 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.

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

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

1000 Rio Brazos Rd., Aztec, NM	REQUEST	FOR ALLOWA								
Operator Attention:						Pl No.				
AMOCO PRODUCTION COMPANY				D.M. TALLANT			3004524850			
Address P.O. Box 800 Der	nver Co	80201	(3	303) 830-5	127					
Reason(s) for Filing (Check proper bo			F===	r (Please expl						
New Well		Transporter of:			,					
Recompletion	Oil	Dry Gas								
Change in Operator	Casinghead Gas	Condensate								
change of operator give name and address of previous operator			FOT	Ω Ω						
II. DESCRIPTION OF WELL	L AND LEASE	Daser	- FRI.	Conf						
ease Name Well No. Pool Name, Include			ing Formation Kind of State, I			f Lease No. Federal or Fee SF-080247				
FLORANCE	117E	BAS	IN-DAKOTA-	3A3			SF-0	180247		
Location										
Unit Letter H	1780'	Feet From The	FNL Line	and9	90' Fee	et From The	FEL	Line		
- · 25 m	20 N	Range 09 V	A/ ND.	D) (SAN JUA	.N	County		
Section 35 Township 29 N Range			W,NMPM,			SAN JUAN County				
III. DESIGNATION OF TRA	NSPORTER OF O	IL AND NATU	RAL GAS							
Name of Authorized Transporter of Oi			Address (Give	address to w	hich approved	copy of this	form is to be s	ent)		
•										
Name of Authorized Transporter of Ca	isinghead Gas	or Dry Gas [X]	1 '				form is to be s	ent)		
EL PASO NATURAL GAS	28116	73	P.O. BOX 4	990, FARMI	NGTON, NM	87499				
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually	connected?	When?	1				
give location of tanks.										
If this production is commingled with t	hat from any other lease	or pool, give comm	ingling order n	umber:						
IV. COMPLETION DATA	28116	14								
	Oil Wel	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completic	on - (X)					<u></u>				
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth			P.B.T.D.				
04-10-81		06-04-93			6635'			3341'		
Elevations (DF,RKB,RT,GR,etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth				
5665' GR					2062' Depth Casing Shoe					
Perforations (Depth Casin		1			
(See Bac)		THE CLEVIC LAND		CHI (DI TINIG DE CORD		0				
		, CASING AND				T -	ACKC CENT	FAIT		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT 250 SX CL-B, 50 SX				
12-1/4	9-6/8"	7*		324' 2760'			50 SX 50/50 POZ, 150			
8-3/4 6-1/4	4-1/2"			6609.			316 SX 65/35 POZ, 15			
6-174	2.375	2062'								
TO THE PERIOD OF	TOT FOR ALLOH	ADLE		, , , , , , , , , , , , , , , , , , ,						
V. TEST DATA AND REQU OIL WELL (Test must be afte	EST FUR ALLUW or recovery of total volume	ABLE e of load oil and mu	ist he equal to i	or exceed ton	allowable for i	this depth or l	be for full 24 h	ours.1		
Date First New Oil Run To Tank	Date of Test	of tour on what will	Producing M	ethod (Flow, p	oump, gas lift,	etc.)	id.			
					FLO	MING		ു വ ടെ ൂ		
Length of Test	Tubing Pressure		Casing Press	ıre		Choke Size	49.563.03	# <u>#</u> ##################################		
						JUN1 41993				
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		Water - Bbls.		OIL CON. DIV.				
			<u> </u>				IF COL	4. L. V.		
GAS WELL							, DIST	3		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conder	sate/MMCF		Gravity of C	Condensate			
72	2.	4								
Testing Method (pitot, back pr.)	Tubing Pressure (Shi	Tubing Pressure (Shut-in) 200 PSI		Casing Pressure (Shut-in)		Choke Size				
	200			220 PSI			.75			
VI. OPERATOR CERTIFIC	ATE OF COMPLIA	ANCE								
I hereby certify that the rules a			(DIL CON	NSERV	NOITA	DIVISIO	N		
Conservation Division have been complied with and that the										
information given above is true	and complete to the b	est of my	Date	Appro	ved ·	JUL 0 1	1993			
$\Omega \Omega = 10$	hat			, , ,ppi o						
soume gerans				Pr.			$\sim d$			
Signature D.M. TALLANT	STAFF	ASSISTANT	By_		٠-۵	L) . O	nong			
Printed Name		Title			SUPER	IVISOR D	ISTRICT	13		
6/10/93 (c	303] 830-4	5427	Title				.			
Daté	Tele	phone No.								

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

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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

4) changes.

Peris:

1892'-1906 1992'-2007' 2010'-2026' 2034'-2039' 2060'-2078'

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