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

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

rate of the Apple of th Energy, Minerals and Natural Resources Department

Forms C. 101 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

| | REQUEST FC | R ALLOWA | BLE AND AUTHOR | RIZATION | i | | |
|---|--|-----------------------------|---------------------------------------|-----------------|-----------------------|--|------------|
| I. | | | IL AND NATURAL | | • | | |
| Operator | | 1.5.1. | | | I API No. | | |
| Amoco Produ | ection Co | | | | | | |
| 2325 E. 30+h | Street 1 | Farmine | too NIM | 8740 | . . | | |
| Reason(s) for Filing (Check proper box) | | | Other (Please ex | plain) | /_} | | |
| New Well | | ransporter of: | Effective 4 | -1-89 | | | |
| Recompletion Change in Operator | | Ory Gas L | Ettective 7 | -(0 1 | | | |
| If change of operator give name | Casinghead Gas (| Condensate 🔀 | | | · | <u> </u> | <u> </u> |
| and address of previous operator | | ··· | | | | ٠. | |
| II. DESCRIPTION OF WELL | | | | | | | |
| Lease Namé | _ | Pool Name, Includ | ling Formation | | of Lease | Lease No. | |
| Calleges Canyon Unit | Com H 180E | Basin | Dakata | State | Federal or Fee | SF-07820 | <u>9 B</u> |
| Unit LetterN | _: <u>&10</u> | ect From The | S Line and 15 | ا_محا | ect From The | <u> </u> | ine |
| Section 28 Townsh | ip 29 N R | lange 12W | NMPM, | San | Juan | Count | Y |
| III. DESIGNATION OF TRAI | SPORTER OF OIL | AND NATU | IRAL GAS | | | • | |
| Name of Authorized Transporter of Oil | or Condensa | le 🖂 | Address (Give address to | which approve | d copy of this forn | s is to be sent) | |
| Meridian Dil In | | <u> </u> | | | | | |
| Name of Authorized Transporter of Casin | • | r Dry Gas 🔀 | P.O. Box 428 Addiess (Give address to | which approve | d copy of this form | is to be sent) | |
| El Pasa Natural Gall Well produces oil or liquids, | | | Caller Servic | <u>e 4990</u> | Farminat | on NM 874 | 99 |
| give location of tanks. | | Wp. Rgc. | is gas actually connected? | Whe | 87 | | |
| If this production is commingled with that | (mm any other lease or my | AN IOM | Yes | | <u> </u> | | |
| IV. COMPLETION DATA | | on, Bire containing | ing order natioer: | | | | |
| Designate Type of Completion | Oil Well | Gas Well | New Well Workover | Deepen | Plug Back Sa | me Res'v Diff Res | i'v |
| Date Spudded | Date Compl. Ready to Pr | | Total Depth | | <u> </u> | | |
| | Date Compt. Ready to 11 | iou. | Total Depth | | P.B.T.D. | 18 July 18 18 18 18 18 18 18 18 18 18 18 18 18 | į |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations | | nation | Top Oil/Gas Pay | | Tubing Depth | | |
| | | | <u> </u> | | Depth Casing S | hone | |
| | | | | | Dojan Casing S | | |
| | TUBING, C | ASING AND | CEMENTING RECOI | RD | - ! | | |
| HOLE SIZE CASING & TUBING SIZE | | DEPTH SET | | SACKS CEMENT | | | |
| | | | | | | | |
| | | | | | . | | |
| V. TEST DATA AND REQUES | FOR ALLOWAR | LE | | *** | .1 | | |
| OIL WELL (Test must be after r | | | be equal to or exceed top all | lowable for the | s denth or he for t | full 24 hours | |
| Date First New Oil Run To Tank | Date of Test | | Producing Method (Flow, p | ump, gas lýt, | ic.) | wi 24 nows.j | |
| | | | | | · | | |
| Length of Test | Tubing Pressure | | Casing Pressure | 4 69 F | Choke Size | | |
| Actual Prod. During Test | | | DEGE | IVE | <u> </u> | | |
| netual Fitti. During Test | Oil - Bbls. | | Water - 1361s. | | G FAICE | St. 1 (4) | |
| (1.0.15) L | <u></u> | | APR 3 | 1989 | T | 191 | - |
| GAS WELL Actual Prod. Test - MCF/D | · , , | | | | 4 ' | 自然知道 | • |
| Actual Flog. Test - MICIAD | Length of Test | | Bbls. Con Plest MCB | אוע שו | Gravity of Cond | ensate (*) | |
| esting Method (pitot, back pr.) | lethod (pitot, back pr.) Tubing Pressure (Shut-in) | | Casing Pressure (Shut-in) | .,3 | Choke Side. | 1 | |
| | | Casing Freshote (Silut-III) | ļ | CHOKO-BIAG | | | |
| I. OPERATOR CERTIFIC | ALE OF COMBLI | ANCE | | | J | | |
| I hereby certify that the rules and regula | | | OIL CON | ISERV | ATION DI | VISION | : . |
| Division have been complied with and t | that the information given a | bove | | , | | \$ 5 143 | |
| is true and complete to the best of my k | nowledge and belief. | | Data Annroya | nd . | NDD | | • |
| $/\langle \lambda \rangle \langle \gamma \rangle$ | | | Date Approve | <u> </u> | 1PR 03 198 |)9 | |
| / haw | | | 11/1 :: | | | | |
| Signature B.D. Shaw Adm. Supr | | | By Chang | | | | |
| Printed Name | Tin | le PY | Title | \$MBEST. | SION DIST | RICT#3 | • |
| 3-29-89 (5 | 05) 325-884 | | Title | · | | | |
| Date | Telephor | ne No | Ī | | | | |

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

- 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.
- 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 filled for each poot in multiply completed wells.