Submit 5 Cepies Appropriate Instrict Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICE 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 Braza

000 Rio Brazos Rd., Aztec, NM 87410	REQUES	TFOR	ALL	JWABL	E AND AUTHORIZA	ATION				
	TO	TRANS	SPOF	RTOIL	AND NATURAL GAS	Well Al	l No.			
erator Amoco Production Compa	3004524940									
Idraes										
1670 Broadway, P. J.	Box 800, D	enver	, Co	lorado	80201 Other (Please explain					
cason(s) for Filing (Check proper 10x)		nge in Tra	nenoda	r of:	Uner (l'iease explain	n)				
ew Well	Oil	nge in 112 Dr								
ecompletion L_I mange in Operator X	Casinghead Gar			e []						
lunge of operator give name m	neco Oil E	& P,	616	2 S. W	illow, Englewood	l, Color	ado 801	155		
a address to previous operator										
DESCRIPTION OF WELL AND LEASE well No. Pool Name, Including					g Formation	mann		_	Lease No. SF079947	
JACKSON, HELEN JACKS	TACKSON IE BASIN (CHACI				RA)	FEDE	RAL SEU/99		9941	
ocation	1650		wc-	FNI	Line and 1630	E	t From The _	FEL	Line	
Unit Letter	_ :	Fe	et Fron	The FNI	Line and					
Section 34 Townsh	ip 29N	R	ange 91	1	, NMPM,	SAN JI	JAN		County	
		VE AH	A ND	NATH	PAL GAS					
II. DESIGNATION OF TRAIN Fame of Authorized Transporter of Oil	NOTORIER C	Ondensal	6 (ich approved	copy of this fo	orm is to be se	nt)	
CONOCO	F-7				P. O. BOX 1429,	BLOOMFI	ELD, NM	87413		
Jame of Authorized Transporter of Casinghead Gas or Dry Gas [X]					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1492, EL PASO, TX 79978					
	PASO NATURAL GAS COMPANY Unit Sec. Twp. Rge.					When				
f well produces oil or liquids, ive location of tanks.	i i	i	•		L					
this production is commingled with tha	from any other le	ase or po	ol, give	commingl	ing order number:					
V. COMPLETION DATA				s Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		il Well	"	ar Meli	i i	<u>i </u>	İ,	<u> </u>		
Date Spudded	Date Compl. R	Date Compl. Ready to Prod.			Total Depth	P.B.T.D.				
					Top Oil/Gas Pay	Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation										
Perforations							Depth Casii	ng Shoe		
					CEMENTING PECOP	2D	<u> </u>			
	TUBING, CASING AND				DEPTH SET	SACKS CEMENT				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE									
a region of the state of the st	-									
							-			
armana ar sar i tibi iyozili	ECT EOD AL	I OWA	REF		J		_1			
V. TEST DATA AND REQU OIL WELL (Test must be after	rate FOR AD	volume o	f load o	oil and mus	the equal to or exceed top all	lowable for th	is depth or be	for full 24 ho	ours.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, p	nump, gas lýi,	eic.)			
		Tubing Pressure			Casing Pressure	Choke Size				
Length of Test	Tubing Press									
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.	Gas- MCF				
					.		J			
GAS WELL					181. 2		Guavity of	Condensate		
Actual Prod. Test - MCI/D	Length of Te	sl			Bbls. Condensate/MMCF	Garriny of Communication				
Pakian		ng Pressure (Shut in)			Casing Pressure (Shut-in)		Choke Siz	e	···	
Testing Method (pitot, back pr.)		•	·							
VI. OPERATOR CERTIF	ICATE OF	COMP	LIAI	VCE	OIL CO	NISER\	/ATION	DIVIS	ION	
I hereby certify that the rules and to	egulations of the C	il Conser	valion			140611	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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 08 1989					
					Date Applov			1 4		
J. L. Flampton					By	ساه	\mathcal{O}	hamp		
C. Atura					SUPERVISION DISTRICT # 5					
J. L. Hampton Sr. Statt Admin. Suprv.					Title					
Janaury 16, 1989		303-	830-							
Date		100	SHOPE .	1 747.				-		

- 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.

Submit 5 Copies Appropriate District Office DISTRICT1 P.O. Box 1980, Hobbs, NM 882-0

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 80210

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 8741	REQUEST I		ARI E AND	ALITHOE	コフムエバート					
I.		ANSPORT								
Operator			Well API No.							
Amoco Production Com	pany		3004524940							
1670 Broadway, P. O.	Box 800, Den	ver, Color	ado 8020	1						
Reason(s) for Filing (Check proper box				her (l'lease ex	plain)					
New Well Recompletion		in Transporter of:								
Change in Operator	Casinghead Gas									
16 -1	nneco Oil E &			Fnalaria	od Cala		.155			
		1, 0102 0	· WILLOW,	DIKTEWO	ou, coro	rado 80	1122			
II. DESCRIPTION OF WELL		. Pool Name, Inc	huding Formation				-T,	case No.		
JACKSON, HELEN JACK	KOTA)				FEDERAL SF0799					
Location										
Unit Letter G	: 1650	_ Feet From The	FNL Li	ne and 1630) F	et From The	FEL	Line		
Section 34 Cowns	hip 29N	Range 9W	۸,	мрм,	SAN J	UAN		County		
III. DESIGNATION OF TRA	NSPORTER OF C	II. AND NAT	TURAL GAS							
Name of Authorized Transporter of Oil	or Condo			ve address to v	which approved	copy of this fo	orm is to be s	eni)		
Name of Authorized Transporter of Case	e of Authorized Transporter of Casinghead Gas or Dry Gas X					l copy of this form is to be sent)				
EL PASO NATURAL GAS C			P. O. B	P. O. BOX 1492, EL PAS						
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. R 	ge. Is gas actual	y connected?	When	7				
I this production is commingled with the	I from any other lease or	pool, give commi	ngling order num	ber;	J					
IV. COMPLETION DATA										
Designate Type of Completion		l Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready I	o Prod.	l'otal Depth	l		P.B.T.D.	·			
Florida AND DED DE AIR						ļ				
Perforations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth Depth Casing Shoe			
HOLE C. /C		CASING AN	D CEMENTI							
HOLE SIZE	CASING & II	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
TEST DATA AND REQUE	ST FOR ALLOW	ARIF				J				
	recovery of total volume		ist be equal to or	exceed top all	lowable for this	depth or be fo	or full 24 how	rs.}		
Date First New Oil Run To Tank	Date of Test				ump, gas lift, e					
ength of Test	Tubing Pressure		Casing Pressu			Choke Size				
	Tubing Pressure	rading riessule			Casing 1 resoure			Cilote Since		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
(4.7.4.5.4.										
GAS WELL Actual Prod. Test - MCF/D	I enut of Test		Bbls, Conden			T.1 ====================================	,			
The same same substitution	Prod. Test - MCI/D Length of Test				or and a section	Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut	Casing Pressu	Casing Pressure (Shut-in)							
			_ ,							
I. OPERATOR CERTIFIC			(JSERV	יבוטאו ב	טועופוט	M		
I hereby certify that the rules and regu- Division have been complied with and		OIL CONSERVATION DIVISION								
is true and complete to the best of my			Date	Approve	_d M	AY 08 19	189			
(1. 1 H		p. 010	7		/					
Signature O. O. 1000	Ву_									
J. L. Hampton S1		SUPERVISION DISTRICT # 3								
Janaury 16, 1989	303-8	Title 30-5025	Title		712					
Date	Teler	phone No.	11							

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