Submit 1 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1930, Hobs, NM 88240 Energy, Minerals and Natural Resources Department

DISTRICT II P.O. Drawer DD, A

sia, NM 88210

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	Sant	ta Fe, New Mi	exico 8/50	14-2088						
1000 Rig Brazos Rd. Azicc, NM 87410	REQUEST FO									
I. Operator	TO TRANSPORT OIL AND NATURAL GAS					Well API No.				
Amoca Produc			1	., , , , , , , , , , , , , , , , , , ,						
Address	_				···········					
Reason(s) for Filing Check proper box)	Street, 1	carming	400	NM or (Please expla	8740	 				
New Well :	Change in T	ransporter of:		•	_					
Recompletion .		Ory Gas Condensate	Effect	ive 4-1	- 67					
Change in Operator	Casinghead Gas (160043							
If change of operator give name and address of previous operator					·					
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name	Well No. Pool Name, Including Formation				Kind of Lease State, Federal of Fee Lease No.					
Abrams Cas Com	7111	Blanco 1	Mesaverde sait, round 1							
Unit Lette	: 1190	Feet From The	N Line	and	0 Fe	et From The	LU _	Line		
\$				-	_					
Section 25 Township	P 29N 1	Range 101	U ,NI	мРМ,	San I	luan		County		
III. DESIGNATION OF TRAN	SPORTER OF OH	LAND NATU								
Name of Authorized Transporter of Oil					Address (Cive address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casing		P.O. Box 4289, + Or Dry Gas Address (Give address to which ap				comington NM 87499 roved copy of this form is to be sent)				
Northwest Pipe						h. Farminaton NM 87401				
If well produces oil or liquids,	Unit Sec.	Iwp. Rgc.	is gas actually connected? Wh							
give location of tanks. If this production is commingled with that		WOLL WEE	line onler num		l					
IV. COMPLETION DATA	Hollt ally other lease of pa	ooi, give comming	ing order num							
Designate Type of Constitution	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	me Res'v	Diff Res'v		
Designate Type of Completion Date Spudded	Date Compl. Ready to I	Paul	Total Depth	<u> </u>	<u> </u>	P.B.T.D.		1		
Date Space	Date Compi. Ready to 1	•			a					
Elevations (DF, RKA, RT, GR, etc.)	Name of Producing For	Top Oil/Gas Pay			Tubing Depth					
Perforations							Depth Casing Shoe			
		CEMENTING RECORD								
HOL É SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT				
U. TEST DATA AND REQUES	l			1						
	recovery of total volume of		be equal to or	exceed top allo	owable for thi	s depth or be for	full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test		Producing M	ethed (Flow, pi	ump, gas lýt, e	ic.)				
Length of Test	Test Tubing Pressure		Casing Pressi	lic		Choke Size				
	Tuome Tressale		C			<u></u>				
Actual Prod. During Test	Cest Oil - Bbls.		Water - Bbls.			Gas- MCF	Gas- MCF			
	<u> </u>		<u> </u>	<u> </u>		J				
GAS WELL § Actual Prod. Test - MCF/D	Length of Test		Trible Conde	esto/MMCE		Gravity of Cor	ulancata			
Actual Front Test - MC17D	Tubing Pressure (Shut-in)		Bbls. Condensate/MMCF Casing Pressure (Shut-in)			Clavity of Col	And the second s			
l'esting Method (pital, back pr.)						Choke Size	Choke Size			
**			·			<u></u>		<u>!</u>		
VI. OPERATOR CERTIFIC					ISERV	ATION D	IVISIC	NC		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.				Date ApprovedAPR 03 1989						
SSLaw				1 Date / 1991 0100 /1						
Signature				By Buil Though						
B.D. Shaw Adm Supr				SUPERVISION DISTRICT # 8						
Printed Name 3 - 29 - 89 (6	505) 325-88	1140°	Title							
Charles To the Control of the Contro	Thin	hone No	H							

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.