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

NSTRICT II LO. Drawer DD, Anesia, 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 Biazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator TO THATAST OF THE AND NATIONAL C							Well API No.				
Amoco Production Company						30-045-26056					
P. O. Box 800, Denver,  Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator  I change of operator give name	Oil	O201  Change in	Dry Gas		Oth	es (l'lease explo	ain)				
and address of previous operator	· · · · · · · · · · · · · · · · · · ·				<del></del>	·					
II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Includi  Hare GAS Com J - True 1 Otero-Cha							Kind XXX	ind of Levis, X Ind Devis XX Fee Lease No.			
Location Unit Letter	. 22	20			South	1400	)		East		
	- •					Ċ.	an Juan	eet From The		Line	
Section 14 Townshi			Range	11W		11'M, 50	an outin			County	
this production is commingled with that from any other lease or pool, give comming					Address (Cive address to which approved 3535 E. 30th St., Farm Address (Give address to which approved P. O. Box 1492, El Pas Is gas actually connected?   When NO			ington, NM 87401  1 copy of this form is to be sent)  0, TX 79978			
IV. COMPLETION DATA		,									
Designate Type of Completion		Oil Well	i	as Well	1	Workover	Deepen	Plug Dack  Su	me Res'v	Ditt Res'v	
Date Spudded	Date Compl. 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								Depth Casing Shoe			
		TUDIAC	CACIN	C AND		10 01000					
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SAC	SACKS CEMENT		
V. TEST DATA AND REQUES	T FOR	ALLOW.	ABLE			<del></del>					
OIL WELL (Test must be after r Date First New Oil Run To Tank					full 24 hour	s.)					
	Date of Test				1 TOOUGING M	ethod (Flow, pi	wnp, gas tyt, 🎉 🎋	e(c.)		į	
Length of Test	Tubing Pressure				Casing Pressums			Choke Size			
Actual Prod. During Test	Oil - Ļūls.				Water - Blok JANO 4 1991			Gas- MCF	Gas- MCF		
GAS WELL	J		<del></del>		0	L CON	J. DIV	,]	·		
Prod. Test - MCI/D Length of Test					IIble. Condensate/h 0151. 3			Gravity of Condensate			
leating Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  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  Date Approved					N	
Signature Signature					By Buy						
D. W. Whaley Staff Admin. Supervisor Finted Name 12/18/90 (303) 830-4280					TitleSUPERVISOR DISTRICT #3						
Date /WEH					*.4						
INSTRUCTIONS: This for	m is to be	filed in o	compliar	nce with	Rule 1104	el rene operans	en distribute	CONTRACTOR CONTRACTOR	A PROPERTY OF THE PARTY OF THE	785 B 5 10 M B 151 87 B 10	

- 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