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

DIME OF THEW DICARD Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

I.	REQU	JEST FO TO TRAI	R ALLOW	VABLE AND AUTHOR OIL AND NATURAL (	NZATION SAS	J		
Operator Amoco Produ					Well API No.			
**	Oil	Change in 7	ransporter of: Dry Gas Condensate	Ollier (Please exp Effective 4		)		The state of the s
II. DESCRIPTION OF WELL Lease Name	AND LEA		Pool Name, Inc.	luding Formation	11/			
Gallegos Canyon Uni-	<u> </u>	103E	_	1 Dakota	State	of Lease Federal or Fee	1	80614
Unit LetterA	_:8	70F	cet From The	N Line and 10	30_1	ect From The	E	Line
Section 13 Townshi	UPG qi	R	ange 13	За , имгм,	San	Juan		County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil  Meridian Dillan Name of Authorized Transporter of Casin Amoco Productio  If well produces oil or liquids, ive location of tanks.  This production is commingled with that V. COMPLETION DATA	ghead Gas  O Co  Unit	or Condensal	Dry Gas [X	Address (Give achivess to w P.O. Box 4280 Address (Give achivess to w 2325 F 304 te. Is gas actually connected?	hich approve	nington N d copy of this form	1m 8-	1499
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well   Workover	Deepen	Plug Back   Sa	me Res'v	Diff Res'v
Date Spudded		Ready to Pr	.   	Total Depth	l		<del></del>	<u> </u>
levations (DF, RKB, RT, GR, etc.)  Name of Producing Formation				Top Oil/Gas Pay	Top Oil/Gas Pay Tubing Depth			
						Depth Casing S	live	,
HOLE SIZE	CASI	JBING, CA	ASING ANI NG SIZE	) CEMENTING RECOR DEPTH SET	SACKS CEMENT			
. TEST DATA AND REQUES	T FOR AI	LOWAR	iik					
IL WELL (Test must be after redate First New Oil Run To Tank	Covery of total	l volune of l	ad oil and mu	st be equal to or exceed top allo Producing Method (Flow, pu	muble for thi mp, gas lift, e	s depth or be for f	idl 24 hows	<u>.)</u>
ength of Test	Tubing Pressure			Casing Pressure	Choke Size			
ctual Prod. During Test	Oil - Bbls.			Water - Rbls.	Gas- MCF			
GAS WELL ctual Prod. Test - MCI/D	Length of Ter	st		Bbls. Condensate/MMCF		Gravity of Cond	ensale	
aling Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Sice		
I. OPERATOR CERTIFICATION OF THE PROPERTY OF T	ions of the Oi	l Conservatio	n .	OIL CON	į	ATION DI	VISIO	
Signature B. D. Shaw Adm. Supy Printed Name Title				By By Change				
Printed Name Title  Date APR = 5 1989 (505) 325-88/11 Telephone No.				Title SUPERVISION DISTRICT # 3				

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

Date

- 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