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Appropriate District Office
DISTRICT 1
P.O. Dox 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	7	OTRA	NSP	ORT OIL	AND NAT	TURAL GA	AS					
Option									II API No.			
AMOCO PRODUCTION COMPA		30-045-28268										
Address P.O. BOX 800, DENVER,	CUT UD AD	n 2020	11									
Reason(s) for Filing (Check proper box)	COTOLUD	0 8020			Othe	s (l'lease explo	zin)					
New Well XX		Change in	Transpo	orter of:	(X) Cun	. Is some copin	- L.					
Recompletion	Oil											
Change in Operator	Casinghead	_	Conder									
change of operator give name												
ad address of previous operator,												
I. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name	Well No. Pool Name, Includi				-			Kind of Lease		Lease No.		
Archuleta Gas Com "B"		1	Bas	in Frui	tland Co	oal Gas	Fe	e				
Location		_			-	0.00	•		W			
Unit Letter N	_ : 89	: 890 Feet From The			S Line and 920		Fe	Feet From The		Line		
Section 19 Township 30N Range 8V				8W	NI	ирм,	San	San Juan		County		
Section 19 Townshi	<u> </u>		Kange		1//	116 141,	Dan	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	ID NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conder			Address (Giv	e address to w	hich approved	copy of this f	orm is so be se	nt)		
												
						Address (Give address to which approved copy of this form is to be sent)						
Northwest Pipeline Corporation					P.O. Box 90, Farmington, NM 87401							
If well produces oil or liquids, jive location of tanks.	Unit	Unit Soc. Twp. Rgc.			is gas actually connected? Wh			a 7				
·	. 		<u> </u>	_l	<u> </u>	······································						
this production is commingled with that	from any oth	er lease or	pool, gi	ve comming!	ing order hum	ber:		·····				
V. COMPLETION DATA	 	10:34	1	G . W .	1 N W. II	Workover	Decree	Dive Dack	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	Oil Well	1	Gas Well XX	New Well	i workover	Deepen	1 Link pack		j Keev		
Date Spudded		Date Compl. Ready to Prod.			Total Depth	l	٠	P.B.T.D.				
12/5/90	1 . *	1/20/91			2588 '			2535'				
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
5718' GR	Fruitland Coal				2180'			2100' 7				
See Attached. 2/80 - 2384/								Depth Caxing Shoe				
See Attached.	2180	<u> </u>	507	/ 								
	TUBING, CASING AND							DAGUS OFLIGHT				
HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
12 1/4"		8 5/8	1		268 '			275 Sx Cl B Ashgrov		hgrove		
7 7/8"		5 1/2"			2	584		w/2% CaCl ₂				
2 3/8"					2100' WCNA 65/35 poz. tail				stg) 20 s			
												
V. TEST DATA AND REQUE	ST FOR A	ALLOW	ABLE	Standa	ard (2nd	Stg) 33	0 Sx Cl	B 65/35	poz, ta	ail w/ 60		
OIL WELL (Test must be after			of loga	العام المام الم	Producing M	ethod (Flow, p	numm. eas lift.	elc.)	<i>ja j-20 2 + 1.10.</i>	TO CIL R W		
Date Fina New Oil Run To Tank	Date of Te	1 .ab				icaica (i icai, p						
Length of Test	Tuhing Po					Casing Pressure			Choke Size			
Length of Tex	aoing .	DE	[C -]	7 1992	1							
Actual Prod. During Test	Oil - Bbls			Salar A	Water - Bbli	<u>. </u>		Gas- MCF				
Memor Liber Daving Lond		Oil Cold										
CACAMELI			0-1									
GAS WELL Actual Froil Test - MCIVD	Length of	Test			Bbls. Conde	asale/MMCF		Gravity of	Condensate			
211	24			0			0					
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Siz	Choke Size				
Flowing	1 -	300			1 -	390			30/64			
<u></u>			DI I A	NCE	1							
VI. OPERATOR CERTIFIC					11	OIL CO	NSERV	/ATION	DIVISIO	NC		
I hereby certify that the rules and reging Division have been complied with an	d that the infi	e UII Consi ormation ei	ervauon ods novi	eve eve		J • •	_ === • • •					
is true and complete to the best of mi	knowledge	and belief.			∥ Dei	a Annraii	od L	100	1 1002			
·					Dat	e Approv	an ——) E 	± 1 33 ∠			
Cynthia L. Burton					_	.=.	DIDITION -					
Signifium					∥ By.	By ORIGINAL SIGNED BY ERNIE BUSCH						
C. L. Burton, Staf	f Admin	. Supe				05717	TY OHL & G	as inspect	१क्ष, १९३७ 🚁	3		
Printed Name			Title		Title	3						
12-03-92		<u>303-</u>	-830-	5119 No.								

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.

 Separate Form C-104 must be filed for each pool in multiply completed wells.
- Canamia Form C-104 must be filed for each nool in multiply completed wells.