District I PO Box 1980, Hobbs, NM 88241-1980

Previous Operator Signature

District II

Form C-104 Revised October 18, 1994 back ice ies

RT

811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410				ATION th Pach NM 87	eco	Sub	Submit to Appropriate District Offi 5 Copi						
District IV 2040 South Pac	theco. Sant	ta Fe. NM 875	05	Jani	ia re,	14141 07	303] лм	ENDED REPOI	
I.			T FOR A	LLOWAE	BLE A	ND AU	JTHOI	RIZAT	T OT NOI	RANS	PORT	Γ .	
Operator name and Address									OCRID Number				
Amoco Production Company P.O. Box 800									000778				
Denver, CO 80201									WAME Chase 'Reason for Filing Code				
⁴ API Number										NW fr. Lindsen A			
30 - 0 45-		r	Blanco	⁵ Pool Name				* Pool Code 72319					
, P.	roperty Co	de		¹ Property Name				' Well Number					
			Lindse	• • •									
II. 10	Surface	Location									IA		
Ul or lot no. Section		Township	, , , , , , , , , , , , , , , , , , , ,			t from the North/South Line			Feet from the	Enst/W	est line	County	
P 19		30N	8W	<u> </u>	790		South		1100	Eas	st	San Juan	
UL or lot no.	Section	Hole Lo		T								·	
	Section	Township	Range	Lot Idn	Feet In	om the	North/South line		Feet from the	East/West line		County	
11 Lie Code	12 Produ	cing Method C	ode "Gas	Connection Dute	. 13	C-129 Permi	Number		* C-129 Effective				
F							, realize		C-12) Enetive	1/8/6	(.	129 Expiration Date	
		Transpor	rters										
"Transporter OGRID		1	19 Transporter Name and Address)	" O/G	" POD ULSTR Location				
9018 Giant						816705 o			and Description				
		.O. Box		•	2 (, , ,	ט ט	0					
		_	e, AZ 8			-							
007057		ı Paso N .O. Box	atura1 G 4990	1/ 1			816706 G						
	F	armingto	n, NM 8	7499-4990									
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) E (3 []		
									Magaine				
IV. Produ	ced W	ater							DEC 2 0 1995 15				
	OD GO	ater	······································			" POD ULS	TD 1				AIV		
2816						10000) I IC 120CM(I	ion mad 1)	escription C			6 DIV	
		tion Data				·········	•••••	·		15	ISII.	<u> </u>	
^B Spud	- 1	2º Ready Date				" PBTD		1º Perforations		" DIIC, DC,MC			
10/2/95		12/15/95		5190'		5085'			4088-481	0'			
" Hole Size			22 Casing & Tubing Size		Size		Depth Set			M Sacks Cement			
12.25"			8.625"					85'		65 sx C1 B			
7.875"			5.500"			2660'				405 sx C1 B			
4.75"			2.875"			5160'				250 sx C1 B			
VI Wall C	Park D		no	tubing									
VI. Well Date Ne			divor Data	77.77				··					
		3º Gus Delivery Date		" Test Dute 12/14/95		•	"Test Length 24 hrs		24 Thg. Pressure		" Cag. Pressure 220		
41 Choke Size		⁴⁷ Oil		w Water			44 Gas		« AOF				
32/64		0		19			1200		AUF			* Test Method F	
" I hereby certify	that the ru	les of the Oil (Conscruation Di	vision have been	complied				<u>.</u>		<u> </u>		
knowledge and be	ilief. ∧	- geren guove !	s irue and comp	lete to the best of	my		OII	CO1	ISERVATI		IVISI	ON	
Signature:	att	y H	allel	L		Approved	by:		37.				
Printed name: Patty Waefele							Title: SUPERVISOR DISTRICT #3						
Tille: Staff Assistant							Approval Date: JAN 11 1996						
Dec. 18, 1995 Phone: (303) 830-4988													
" If this is a cha	inge of ope	rutor fill in th	e OGRID num	ber and name of	the previ	ious operato	r						

Printed Name

Title

Date

State of New Mexico
Energy, Minerals & Natural Resources Department

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (Include the effective date.)

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.

- 4 The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- The bottom hole location of this completion 11.
- Lease code from the following table:
 F Federal
 S State
 P Fee 12.

 - SP
 - NU
 - Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table:
 O Oil
 G Gas
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28 Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31 Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- 34. Number of sacks of cement used per casing string

If the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well: F Flowing
 P Pumping
 S Swabbing
 If other method please write it in.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report. 47. about this report
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 48.