#### STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES REC	EIVED	
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SANTA FE		
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	GAS	
OPERATOR		
PRORATION OFFICE		

## OIL CONSERVATION DIVISION P.O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

TRANSPORTER	OIL GAS			REQU	EST FOR	ALLOWABLE	164 19 1		
	IGAS				AN	ID.	U	l'v	
OPERATOR PRORATION OFFICE		ΔΙΙΤ	HORIZA	OT NOITA	TRANSP	ORT OIL AND NATUR	AL GAS	1 7 2	
·		701					SF		
l							Vi Va	6/0	
Operator	Commanu G					7	14 C 0 13	Per 1111	ļ
Tenneco Oil	Comparty						$ \Theta_{\Lambda I}$	<del>v) (U)</del> -	
Address							0/5-14.	١,,	
P. O. Box 3	249, Englewo	od, CO	801	55			10/ 2	16.	
Reason(s) for filing (Ch						Other (Please exp	AL GAS  SERVICE  OST  OST  Olain)	• /	
New Well	Change in 1	ransporter o	f:	_					
Recompletion	Oil			Dry Ga	as				
	-bi- Casin	ghead Gas		Conde	ensate	Well Na	.me		
Change in Owners									
Water-safewayship	cive name C1	Daso	Matur	al Gas.	P.O.	Box 4990, Farmi	ngton, NM 8	7499	
If change of ownership and address of previou	is owner	rasu .		<u> </u>			<del></del>		
IL DESCRIPTION	OF WELL AND L	EASE					L Mind of Loops	ПСА	Lease No.
Lease Name		Wel	No.	Pool Name, Inc.	luding Forma		Kind of Lease State, Federal or Fee	USA	
Stewart LS		Ĭ	2	Wildeat	PC	Aziec PC-		<u>NM</u>	03566
Location									
Location	•	90 -			S		1065	eet From The	
Unit Letter	:	-		Feet From The		Line and		eet Floin the	
				0.081		Banco 10W		San Juan	County
Line of Section	20	Townshi	р	30N		Range 10W	, NMPM,	3011 30011	County
III DESIGNATION	N OF TRANSPOR	TER OF (	OIL AN	D NATURA	L GAS				
Name of Authorized Tra	ansporter of Oil G or Co	ndensate X				Address (Give address to which			
	. Surface Tra		ation	1		P. O. Box 460	), Hobbs, NM	88240	
Conoco Inc.	, Surrace ire	ilispoi c	Goe V	<u> </u>		Address (Give address to which	h approved copy of this	form is to be sent)	
	ansporter of Casinghead G	ias _ OIDI	, aus -X			P. O. Box 499			]
El Paso Nat	tural Gas					Is gas actually connected?	When	011, 1411 07 122	
		Unit	Sec.	Twp.	Rge.	is gas actually connected:			
If well produces oil or I give location of tanks.	liquids,	M	20	30N	10W	Yes			
If this production is com	nmingled with that from an	y other lease	or pool, giv	e commingling	order number				
NOTE: Complete	e Parts IV and V o	n reverse	side if	necessary	/.				
•								ION DIVICION	
VI CERTIFICATI	E OF COMPLIAN	CE					DIL CONSERVAT	ION DIVISION SEI	2 0 6 10Q
	e rules and regulations of		ervation D	ivision have be	en complied	APPROVED			<u>-, w_U_130</u>
i nereby certify that the	e rules and regulations of rmation given is true and	complete to	he best o	f my knowledg	e and belief.		1 ((1))		
with and that the into	imation given to tide and					BY _ Dran	B.J.	<i></i>	
,	•							X SUPERVI	SOR DISTRICT

	Soft Mikmy
	(Signature)
Sr.	Regulatory Analyst
	SEP (Ting) 1993

(Date)

	OIL CONSERVA	ATION DIVISI	משלים.	0 6 100F
APPROVED			DEE,	19 0 130
- Sa	$I(\mathcal{A})$			

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

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# IV. COMPLETION DATA

Choke Size		(141.20.00)		1			
	†	(di-frids)	Casing Pressure		(ni-tud2)	Tubing Presssure	Testing Method (pilot, back pr.)
Gravity of Condensate				ı			
Grandy of Condensor	1	6/MMCF	Bbls. Condensat			Length of Test	Actual Prod. Test - MCF/D
							GAS WELL
	T						_
Gas - MCF		·	Water - Bbls.			Oil - Bbls.	Actual Prod. During Test
							Actival Pend Pend Pendal
Сһоке Ѕіze			Casing Pressure			Tubing Pressure	
							Length of Test
	lift, etc.)	se6 'dwnd 'moid)	Producing Method			1621 10 0170	
THE PROPERTY OF STREET TO BEINGWARDING TOF THE		10/00/11 10 11			ם מוד אבו	Date of Test	Date First New Oil Run To Tanks
and must be equal to or exceed top allowable for this	lio bsol to amulov	I recovery of total I	ette ad 12um 129T)	•	ב טוו ואובו	I O VIVO I I O	V. TEST DATA AND REQUEST FOR
		<del></del>					
SACKS CEMENT	<del></del>	170.11.170		<u>-</u>		·	
	L	DEPTH SET	l		NG & TUBING	CASII	3ZIS 37OH
		G RECORD	CEMENTIN	JMA DNISA:	TUBING, C		*
_							
Depth Casing Shoe							Perforations
ntydeQ bniduT			Top Oil/Gas Pa		ncitemio4 gai	Name of Produc	(2) a fun fuu fann fual ann
						tGie amold	Elevations (DF, RKB, RT, GR, etc.)
.0.1.8.9			Total Depth		dy to Prod.	Date Compl. Res	page de au -
		!					Date Spudded
Plug Back Same Res'v. Diff. Res. y	Deepen	Монколег	New Well	Gas Well	Oil Well	(x)	Designate Type of Completion —
							IV. COMPLETION DATA

Submit 3 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, 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 Brazos Rd., Aziec, NM 87410				E AND A		ATION			
_	REQUEST FO	)H AL NSP(	LOWAB	AND NAT	URAL GA	S			
Operator						Well VI	4 Na 14509291		
AMOCO PRODUCTION COMPAN	<u>Y</u>								
P.O. BOX 800, DENVER, CO	OLORADO 8020	1		Othe	(l'lease explai	in)			
Reason(s) for Filing (Check proper box) New Well	Change in	Transpo	xter of:			•			ļ
Recompletion		Dry Ga Conder	r=n /						
If change of operator give name	Casinghead Gas								
and address of previous operator	ND LEACE		į						
II. DESCRIPTION OF WELL A	Well No.		lame, Includir			Kind of		1	se Na )3566
STEWART LS	2	AZ	TEC (PI	CT CLIFF	(S)	FE	DERAL	MIOC	7,3,00
Location	. 990	Feet F	rom The	FSL Line	and1	065 Fee	t From The _	FWL	line
Unit Letter	30N	Range	10W	. NI	MPM,	SA	N JUAN		County
Section 10 minute									
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	PORTER OF O	L AN	ND NATU		e address to wh	uch approved	copy of this fo	urm is to be see	u)
MERIDIAN OIL INC.			<u> </u>	3535 E	EAST 30TH	STREET	FARMII	NGTON . N orm is to be see	M 87401
Name of Authorized Transporter of Casing EL PASO NATURAL GAS CO	read Gas 🗀	or Dry	Gas	P.O. 1	30X 1492,	EL PAS	O, TX	79978	
If well produces oil or liquids,	Unit Sec.	Twp.	Rge.	ls gas actuali	y connected?	When	?		
If this production is commingled with that f	rom any other lease or	pool, g	ive comming	ling order num	iber:				
IV. COMPLETION DATA	Oil Wel	,-	Gas Well	New Well		Deepca	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion	· (X)	İ.		Total Depth	1		P.B.T.D.	<u> </u>	
Date Spudded	Date Compl. Ready I	o Prod.		,					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I	omulik	DAG	Top Oil/Gas	Pay		Tubing De		
Perforations	<u> </u>					_	Depth Cass	ng 2110e	
	TUBINO	. CAS	ING AND	CEMENT	ING RECO	KD			ENIT
HOLE SIZE	CASING & 1	UBING	SIZE	<b></b>	DEPTH SET	<u> </u>		SACKS CEM	ENI
				<u> </u>					
							-		
V. TEST DATA AND REQUES	T FOR ALLOV	VABL	E	_ <u></u> ,				. ( G.II 24 ho	ure)
OIL WELL (Test must be after t	recovery of lotal volum	e of loc	nd oil and mu	Producing	or exceed top at Method (Flow, )	llowable for 11 pump, gas lift.	elc.)	e jor just 24 no	
Date First New Oil Run To Tank	Date of Test				COR	LUE	Hills on		
Length of Test	Tubing Pressure			Canal N	Anti-		Mc		
Actual Prod. During Test	Oil - Bbls.			Water FB	FFRS	5 1991		·	
GAS WELL	_1			(	OIL CO	N. DI	(Capity o	(Condensate	
Actual Prod. Test - MCT/D	Length of Test			Bbls. Cond	icasale/MMC	it. 3			
l'esting Method (puot, back pr.)	Tubing Pressure (S	hul·in)		Casing Pro	swire (Shut-in)	<del></del>	Choke Si	LE.	
VI. OPERATOR CERTIFIC	ATE OF CON	1PL.1	ANCE		011 00	MCED	ATION	1 DIVISI	ON
and real state of the state and real	INDUCTOR OF the Oil COR	RCLASTIC	OME.	\\	OIL CC	MOLIT			
Division have been complied with an is true and complete to the best of my	d that the information	Riacn .	DJ16	Da	ate Approv	ved	FEB 2	5 1991	
NI/Il.						7	1) E	D	
Signature W. Whaley, State	ff Admin. Su	erv	isor	-    B <sub>3</sub> -	/ <del></del>	SUPE	RVISOR	DISTRICT	/3
Printed Name February 8, 1991		 83-83	ue 0-4280	_    Ti -	tle				
Date		Telepho	one No.	يبيلي	التناجي والمراجع				

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
- 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.

Well Oper.: Amaco Rod Co P/L District: Atz  O203  Co-ordinate Information: Pit Type: LOCATION DR  Unit: M Length: 15'  Section: 20 Width: 20'  Township: 30 Duck Netting: Yes No  Range: 10 Fill Dirt: Yes No  Approx. cu.yds.:	Well Oper.: Amaco Rod Co P/L District: Ltz  O203  Co-ordinate Information: Pit Type: LOCATION DR Unit: MM Length: ,5'  Section: 20 Width: 20'  Township: 30 Duck Netting: Yes No Range: Completed: 4-22-92 Vacuum Truck: Yes No Approx. Cu. yds.:  Vacuum Truck: Yes No Approx. Bbls: Completed: 4-22-92	Locatio Well Name:	EWART 1:5. 2	MTR#: 7	00 - 5
Co-ordinate Information: Unit:    M	Co-ordinate Information: Unit:  M  Section: 20  Township: 3 c  Range:  Date Started:  Date Completed:  U-22-92  Date Completed:  U-22-92  Approx. Bbls:  Signature of Inspector	Well Oper.: Amo		P/L District: /utz	
Section: 20 Width: 20'  Township: 30 Duck Netting: Yes No No Netting: Yes No No Netting: Yes Neting: Yes Netting: Yes Neting:	Section: 20 Township: 30 Range: 10 Date Started: 4-22-92 Date Completed: 4-22-92  Date Completed: 4-22-92  Signature of Inspector	Co-ordinate	_		
Township: 30  Range:   0   Fill Dirt: Yes   No.    Approx. cu.yds.:   Vacuum Truck: Yes   No.    Date Completed:   4-22-92   Approx. Bbls:   No.    Approx. Bbls:   10   N	Township: 3 ° Duck Netting: Yes Not Neting: Yes Not Netting: Yes Neting: Yes Netting: Yes Netting: Yes Netting: Yes Netting: Yes Neting: Yes Netting: Yes Netting: Yes Netting: Yes Netting: Yes Neting: Yes Netting: Yes Netting: Yes Netting: Yes Netting: Yes Neting: Yes Netting: Yes Netting: Yes Netting: Yes Netting: Yes Neting: Yes Netting: Yes Netting: Yes Netting: Yes Neting: Yes N				
Range:	Range:  Date Started:  Date Completed:  U-22-92  Approx. Gu. yds.:  Vacuum Truck: Yes N Approx. Bbls:  Approx. Bbls:  Signature of Inspector	 Township:			
Date Started: 4-22-92 Vacuum Truck: Yes N  Approx. Cu.yds.:  Vacuum Truck: Yes N  Approx. Bbls:	Date Started:  U-22-92  Vacuum Truck: Yes N Approx. Bbls:  Approx. Bbls:  Signature of Inspector			• —	
Date Started:    1 - 22 - 92   Vacuum Truck: Yes   N   Approx. Bbls:	Date Started: 4-22-92 Vacuum Truck: Yes Napprox. Bbls: Approx. Bbls: Completed: 4-23-92 Approx. Bbls: Signature of Inspector			<u>-</u> ــا	
Date Completed: 4-23.92  Approx. Bbls:	Date Completed: 4-23-92  Approx. Bbls:   Completed: 4-23-92  Approx. Bbls:  Signature of Inspector	Date Started:	4 52 -90	<u> </u>	N
Date Completed. 4 - 23 - 92	Date Completed. 4-22-92		4-11-11	لــا	
	Signature of Inspector	Date Completed:	4-22-92	Approx. bbis.	
				A Je	