Submit 5 Cupies
Appropriate District Office
DISTRUCT!
P.O. Dox 1980, Hobbs, NM 88240

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

1) Request for allowable for newly drilled or decreased well must be accommended to substant.

Mc/Brown File Town State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

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

P.O. Box 2088

DISTRICTIU	Santa Fe,	New Mo	xico 8750	4-2088	<i>[2]</i>	in got by	1. r 1 3.33		
1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR AL	LOWAE	ILE AND A	UTHORIZ	ATION		•		
I. Operator	TO TRANSPO	ORT OIL	TAN DNA.	URAL GA	S	<u> </u>			
AMOCO PRODUCTION COMPA				-045-1 <del>2057</del> 2006					
Address		<del></del>		<del></del>	1 30-	-045-1 <del>20</del> 5	57 900	6 0	
P.O. BOX 800, DENVER,	COLORADO 80201								
Reason(s) for Filing (Check proper bax) New Well	Clares la Tanana	4E.	Othe	t (l'Icase explai	n)			·	
Recompletion XX	Olange in Transpor	1							
Change in Operator	Casinghead Gas Condens								
If change of operator give name							<del></del>	<u>.</u>	
-					<del></del>				
II. DESCRIPTION OF WELL Lease Name									
STATE COM H	Well No. Pool No.			Gaser	ž l	of Lease	Lea	ro Na	
Location		AMCO FF	RUITLAND	coup	STA	TE			
Unit Letter B	1040 Fed Fit	xn The	N Line	and15	75 Fe	et From The _	E	Line	
Section 16 Townsh	ip 30N Range	: 9W	NB.						
	2.50			arm,	SAN JUA	N		County	
III. DESIGNATION OF TRAIT Name of Authorized Transporter of Oil	<u>4SPORTER OF OIL AND</u>	UTAN C	RÀL GAS						
Name of Authorized Transporter of Oil or Coudensale Address (Give address to which appr						oved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas or Diy Gas XX				Addices (Give address to which approved copy of this form is to be sent)					
AMOCO PRODUCTION CO. (4/1) 30				X 800, DI					
If well produces oil or liquids, give location of tanks.	Unit Soc Twp.	Rge	le gae actually		When		<u> </u>		
		<u></u>	<u> </u>	······			· · · · · · · · · · · · · · · · · · ·		
If this production is commingled with that IV. COMPLETION DATA	I from any other lease or pool, give	e comming)	ing order numb	xer:	<del></del>			<del></del>	
- TO COM BOTTON BATA	,,,,,,,,	Jas Well	1 N . W W	·	<del></del>	1 5. 5.			
Designate Type of Completion	1 - (X)	XX	New Well	Workover	Doepen	Plug Dack	Same Reg'v	Dill Resy	
Date Spudded	Date Compl. Ready to Prod.		Total Depth	<u> </u>	L	P.B.T.D.		<u> </u>	
5/4/67	2/7/92		2970	01.		2862	•		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil Cat Pay			Tubing Depth			
6034 GR	FRUITLAND COAL	2551'			Depth Casing Shoe				
2551' - 2750' FRUI	TLAND COAL					Deput Carin	R 21100	• .	
	TUBING, CASIN	YG AND	CEMENTI	NG RECOR	D	<u> </u>	<del></del>		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
	8 5/8"		124	1		130 sx			
	3 1/2"		2897'			150 SX			
	1 1/4"		2756 <b>'</b>						
Y. TEST DATA AND REQUE	ST FOR ALLOWABLE		.1	<del> </del>		J	<del></del>		
OIL WELL (Test must be after	recovery of total volume of load of	oil and must	be equal to or	exceed top allo	mable for th	is depth or be j	for full 24 how	u.)	
Date First New Oil Rua To Tank	Date of Test		Producing Me	ethod (Flow, pu	riφ, zas lýl,	de.M E	PE:	W	
Length of Test	Tuhing Brazana		Carlos Paras		<del></del>			TE:	
	Tubing Pressure		Caring 1 term	Caring Pressure			MAY1 3 1992		
Actual Prod. During Test	Oil - Dols.	Oil - Uble.		Water - Dule			ATT 3 19	92	
	<u> </u>		ĺ			OIL	CON.	DIV.	
GAS WELL							DIST. 3		
Actual Frod Test - MC17D	Length of Test	<del></del>	Ubla. Coaden	IHWMMCI:		Gravity of C	_		
105	24		-0-			-0-			
FLOWING ,	Tubing Pressure (Slim-in)		Caring Pressure (Shul-in)			Clioke Size			
L	310		370			20/64			
VI. OPERATOR CERTIFIC		1CE	1	DIL CON	ICEDV	וארוראו	טועוכוכ	187	
I hereby certify that the rules and regulations of the Oil Conservation  Divition have been complied with and that the information given above			11	OIL OOK	YOU'N	AHON	DIAIOIC	N N	
is true and complete to the best of my knowledge and belief.			Dala			IN 26	1992		
() 11 - D. 16 1 10			Date	Date Approved JUN 2 6 1992					
Liminia Burton/ Sten			b	Original S	Signed by (	CHARLES GH	OLSON		
Signalud Cynthia Burton, Staf	f Admin. Superviso	۳	By_		<del></del>				
Printed Name 111100	Title	<b></b>	Title	<u> </u>	។ ខេត្ត។ ។	ا ئۇلاشلاشلۇك.	DIGT, 93		
Dale Jack	303-830-4	280	111110		<u> </u>				
2410	Telephone N	ю.	1)						