Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Arlesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, New Mexico 8/304-20

1.	REQ	UEST F	OR A	ALLO POR	WAE	BLE AND A	AUTHORI FURAL G	ZATION AS				
Sperator Amoco Production Company							Well API No. 3004524959					
Address												
1670 Broadway, P. O. I Reason(s) for Filing (Check proper box)	30x 800), Denv	er,	Cole	orad		t (Please expl	ain)				
New Well		Change in			of:	□··						
Recompletion 1	Oil Casinghe	ad Gas 🔲	Dry C		П							
to						Willow,	Englewoo	d, Colo	rado 80	0155		
II. DESCRIPTION OF WELL	AND LE											
Lease Name STOREY B	Well No. Pool Name, Includi 1E BASIN (DAKO				I			Lease No. RAL SF078138A				
Location	1750 Feet From The				27 900			CEI				
Unit Letter	- :	730				Line	and 800	Fe	et From The	FEL	Line	
Section 11 Townshi	,30N		Rang	e 1 1 W		, NI	APM,	SAN J	UAN		County	
III. DESIGNATION OF TRAN	SPORTI			ND N	ATU							
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X EL PASO NATURAL GAS COMPANY						Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1492, EL PASO, TX 79978						
If well produces oil or liquids, give location of tanks.					Rge.	is gas actually		When	7			
If this production is conuningled with that	from any of	her lease or	pool, g	give co	mmingl	ing order numb	er:					
IV. COMPLETION DATA		Oil Well		Gas V	Vell	New Well	Workover	Deepen	Plue Back	Same Res'v	Diff Res'v	
Designate Type of Completion		i	i			i i		L	İ,	İ		
Date Spudded	Date Con	ipl. Ready to	o Prod.	•		Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing De	Tubing Depth		
l'erforations						l			Depth Casing Shoe			
		TUBING.	. CAS	SING	AND	CEMENTI	NG RECOF	ND .	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
L V. TEST DATA AND REQUES						L						
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of T		of load	d oil ar	nd must		exceed top all thod (Flow, p			for full 24 hos	us.)	
	Date Of 1	ca.										
Length of Test	Tubing Pressure				Casing Pressu	ire		Choke Size	;			
Actual Prod. During Test	Oil - libis.				Water - Bbis.			Gas- MCF	Gas- MCF			
GAS WELL	J					1			_l			
Actual Prod. Test - MCI/D	Length of Test					Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE O	F COMI	PLIA	NCE	 3					D11 /101/		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					MAY 08 1989 Date Approved							
J. L. Hampton					Bank). Chang							
Symboliume J. L. Hampton Sr. Staff Admin. Suprv.					By_			HSTON) I STRICT	# 5		
Printed Name Title Janaury 16, 1989 303-830-5025 Date Telephone No.						Title						

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

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