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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT

State of New Mex Energy, Minerals and Natural Resi

epartment

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

OIL CONSERVATION DIVISION

P.O. Box 2088

P.O. Drawer DD, Artesia, NM 88210		Sa	nta Fe	New Me	exico 8750	4-2088					
DISTRICT III 1000 Rio Bradis Rd., Aziec, NM 87410							ZATION				
	REQ	UEST F	OH AL	LOWAE	BLE AND A	TURAL GA	ZATION AS		,		
. TO TRANSPORT OIL AND NATU							Well API No.				
Amoco Production Company							3004510047				
Address	D 90	n n		2-1	. 00201						
1670 Broadway, P. O. Reason(s) for Filing (Check proper box)	BOX 800	, Denv	er, c	Joiorad		r (Please expla	gin)				
New Well		Change in	Transpo	orter of:	ب		•				
Recompletion	Oil		Dry Ga								
Change in Operator	T	ad Gas									
If change of operator give name and address of previous operator Ten	neco O	il E &	P, 61	162 S.	Willow,	Englewoo	d, Colo	rado 80	155		
II. DESCRIPTION OF WELL	AND LE										
Lease Name	Well No. Pool Name, Includi				·			Lease No.			
ATLANTIC B LS	6 BLANCO (MESA				AVERDE) FEDE			RAL SE080917			
Location Unit Letter M	. 9	90	Cost C	oon the FS	L tine	and 990	Fe	et From The	FWL	Line	
Section 33 Townsh	ip <u>31N</u>		Range	10W	<u>, NI</u>	ирм,	SAN J	UAN		County	
III. DESIGNATION OF TRAI	NSPORT	ER OF O	II. AN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
CONOCO	P. O. BOX 1429, BLOOMFIELD, NM 87413										
inte of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent) O. BOX 1492, EL. PASO, TX 79978					 ,	
EL PASO NATURAL GAS CO	Unit	Sec.	Twp.	Rge.	is gas actually connected?		When ?				
give location of tanks.	. i	. 1	İ	_İ	<u> </u>						
If this production is commingled with the	t from any o	ther lease or	pool, gi	ve comming	ling order numl	ber:					
IV. COMPLETION DATA		Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	ı - (X)	1	" i				i	İ	i	<u>i</u>	
Date Spudded	Date Cor	Date Compi. Ready to Prod.			Total Depth			P.B.T.D.			
Later terroria and and and and an arrangement	Name of Badasia Formation					Top Oil/Gas Pay			Tuking Donth		
Elevations (DF, R&B, RT, GR, etc.) Name of Producing Formation Perforations								Tubing Depth			
					1			Depth Casin	g Shoe		
And the second s											
	2 10	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE	-	ASING & I	OBING	312.5	OLY IN SET						
 V. TEST DATĂ AÑD REQUE	TOTE TOTE	ài Loi	ARLE					1			
OIL WELL (Test must be after	recovery of	total volum	e of load	oil and mus	i be equal to or	exceed top all	lowable for the	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank						ethod (Flow, p					
						Casing Pressure			Choke Size		
Length of Test	1 uoing 1	Tubing Pressure				Casing (teasors					
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
	l							⅃			
GAS WELL									,,		
Actual Prod. Test - MCF/D	Length o	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (putst, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size			
, coming means a (parm) carry											
VI. OPERATOR CERTIFIC	CATE C	F COM	PLIA	NCE			NCEDV	ATION!	DIVISIO	NI.	
I hereby certify that the rules and reg					'	JIL COI	NOEHV	AHON	DIVISIO	<i>)</i> 1	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved MAY 0.8 1989						
111 +					Date	Date Approved					
4. J. Stamplan					By Bin) Chang						
Signature J. L. Hampton Sr. Staff Admin. Suprv					SUPERVISION DISTRICT # 3						
Printed Name	Title										
Janaury 16, 1989		303.	-830-	3023	11						

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

Date

- 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.

Telephone No.

- 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,