Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, I kebbs, NM 88240

State of New N Energy, Minerals and Natural I

Department

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

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088									
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST I	FOR AL	LOWAE	BLE AND A	AUTHORIZ					
I.	TOTE	RANSPO	ORT OIL	AND NA	TURAL GA		in No.			
Operator Amoco Production Compa	Amoco Production Company					Well API No. 3004511176				
Address 1670 Broadway, P. O. I	Box 800, Den	ver, (Colorad	o 80201						
Reason(s) for I iling (Check proper box)				Oth	r (Please expla	rin)				
New Well	- r	in Transpo Dry Ga	1,4							
Recompletion	Oil Casinghead Gas	'								
	neco Oil E &			Willow,	Englewood	d, Color	ado 80	155		
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name SAN JUAN 32-9 UNIT	Well No. Pool Name, includi 37 BLANCO (MESA					STATI	Lease No. STATE			
Location H	1800		FN	L	. 1150			FEL		
Unit Letter	: Feet From The FN 32N Range 9W					Feet From The FEL Line V JUAN County				
Secuon - Townshi	P	Kange		110	utwi,					
HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) CONOCO P. O. BOX 1429, BLOOMFIELD, NN 87413								nl)		
Name of Authorized Transporter of Casing EL PASO NATURAL GAS CON							copy of this form is to be sent) , TX 79978			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	is gas actually	y connected?	When	7			
If this production is commingled with that IV. COMPLETION DATA	from any other lease o	or pool, giv	e commingl	ing order numb	xer:					
Deies Tes A.C. Leis	(V) Joil W	ell (Gas Well	New Well	Workaver	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl. Ready	to Prod.		Total Depth	l	l	P.B.T.D.	l	_l	
Elevations (DF, RKB, RF, GR, etc.)	Name of Producing	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations	1			Depth Casing Shoe						
	27 (51)	ā <u>ā ē</u>	ua i iik	CCLICATE	UC DECOR					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
Į V. TEST DATA AND REQUES	 ST EAD ALLAS	V A DI E		J						
	recovery of total volum			he equal to or	exceed top allo	mable for thi	s depth or be	for full 24 hou	vs.)	
Date First New Oil Run To Tank	Date of Test				ethod (Flow, pu			f.f.,		
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL	-1			1			٠			
Actual Prod. Test - MCF/D	Length of Test	······	Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pilot, back pr.)	Tubing Pressure (SI		Casing Pressure (Shul-in)			Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and is true and complete to the best of my	that the information g	gi ven ab ov	•				MAY 08			
a. L. Hamoton				Date Approved MAT US 1444						
Signiture	7			∥ By_		ميده	· /. 💆			
J. L. Hampton Sr. Staff Admin. Suprv. Printed Name Title				SUPERVISION DISTRICT # 3						
Janaury 16, 1989	203	020-2	V23	11						

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

Date

- 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.

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.