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

State of new ivid Energy, Minerals and Natural Re

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. 1	Box 2088	x 2088 xico 87504-2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		EST FOR	ALLOWA	ABLE AND	AUTHOR					
I. TO TRANSPORT OIL					_ AND NATURAL GAS   Well API No.					
Amoco Production Company					3004511901					
Address 1670 Broadway, P. O. I	Box 800,	Denver	, Colora	do 8020	1					
Reason(s) for litting (Check proper box)  New Well	(	Thange in Tra	nsporter of:	o	ther (Please expi	lain)				
Recompletion	Oil	Dr.								
If change of operator give name and address of previous operator Tenr	neco Oil	E & P,	6162 S.	Willow,	Englewoo	od, Colo	ca <u>do 8015</u>	5		
H. DESCRIPTION OF WELL Lease Name			ol Name Inclu	ding Formation	,	1		Lease	No.	
NEWBERRY COM		- 1	SIN (DAK	•		FEDE	RAL	SF07809		
Location Unit LetterG	: 235	Feet From The FN		NL L	L Line and 1750		et From The FI	EL	Line	
Section 5 Township	31N	Ra	nge 12W		мрм,	SAN J	UAN		County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND NAT	URAL GAS	;					
Name of Authorized Transporter of Oil		or Condensate				hich approved	copy of this form	is to be sent)		
Name of Authorized Transporter of Casing EL PASO NATURAL GAS COI	or or	Dry Gas [X	1.	Address (Give address to which approved P. O. BOX 1492, EL PASO						
If well produces oil or liquids, give location of lanks.		Sec. Tw	/p. Rg		lly connected?	When				
If this production is commingled with that		r lease or poor	l, give commin	gling order nu	nber:					
IV. COMPLETION DATA										
Designate Type of Completion		Oil Well	Gas Well	New Wel	Workover	Deepen	Plug Back Sai	ne Res'v  Di	if Res'v	
Date Spudded	Date Compl.	Ready to Pro	xd.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Ga	Top Oil/Gas Pay			Tubing Depth		
Perforations	I						Depth Casing S	hoe		
	T	IRING C	SING ANI	) CEMENT	ING RECOR		<u> </u>		· · · · · · · · · · · · · · · · · · ·	
HOLE SIZE	1 1 1 1 1	NG & TUBI			DEPTH SET			KS CEMENT		
* * * * * * * * * * * * * * * * * * * *										
! V. TEST DATA AND REQUES							1			
OH, WELL (Test must be after r. Date First New Oil Run To Tank	Date of Test	il volume of le	sad oil and mu		or exceed top all Method (Flow, p			uli 24 hours.)		
Length of Test	Tubing Press	ure		Casing Pres	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		<del></del>	Water - Bbl	Water - Bbls.			Gas- MCF		
GAS WELL	1						A		Auditor in the second of the second	
Actual Prod. Test - MCE/D	Length of Te	:st		Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (patot, back pr.)	Tubing Press	sure (Shut-in)		Casing Pies	Casing Piessure (Shul-in)			Choke Size		
VI. OPERATOR CERTIFIC  Thereby certify that the rules and regula					OIL COI	NSERV.	ATION DI	VISION		
Division have been complied with and is true and complete to the best of my k	that the inform	vation given a					MAY 0 8 19			
Supature J. L. Hampton Sr. Staff Admin. Suprv.					By 3 Supervision district # 8					
				by						
Printed Name Janaury 16, 1989		303-830	le `	Title	Э					

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 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.