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

State of New Energy, Minerals and Natural Department

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

OIL CONSERVATION DIVISION

DISTRICE II	•	oir co			ATION	DIVISI	ON			outout of tage
P.O. Drawer DD, Anesia, NM	88210	San			Box 2088	504 2000			/	
DISTRICT III 1000 Rio Brazos Rd., Aziec, Ni	M 87410	Sam	ia re, r	New	Mexico 87	504-2088				
_	" "" REQU	EST FO	R ALL	OW.	ABLE AND	AUTHOR	RIZATION	J /		
Operator	7	O TRAN	ISPOF	RT C	IL AND N	ATURAL (BAS	•		
								II API No.		
Amoco Production Company					3004513208					
1670 Broadway, E	. O. Box 800.	Denvei	r Col		da 0000	,				
Reason(s) for Filing (Check pro	per box)	Denver	, 001	LOLA						
New Well		Change in Tr	ransporter	of:		her (l'lease ex	plain)			
Recompletion	Oil	[] p	ry Gas							
Change in Operator	Casinghead	Gas 🗌 C	ondensate							
If change of operator give name and address of previous operator	Tenneco Oil	E & P,	6162	S.	Willow.	Englowa	nd Col			
II. DESCRIPTION OF	WELLANDLEA	er er				DIELEMO	ou, com	orado_ 8	10155	
Lease Name			od Name	Inalu	ding Formation					
MUDGE LS	20 BASIN (DA							Lease No.		
Location		- <u>- Pri</u>	DIN (DAN	OIH)		FED	ERAL	SF0	78096
Unit Letter G	1450	0 _{Fe}	et From 1	_b F	NL	ne and 1650			ion r	
			w 110111 1	HC	Lil	se and 1000	[cet From The	FEL	Line
Section 8	Township 31N	Ra	ingel 1W		,N	мрм,	SAN .	JUAN		County
III. DESIGNATION OF	TDAMCDODTED	OF OH	4 3 15 5							County
Name of Authorized Transporter	of Oil	r Condensate			RAL GAS					
CONOCO					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					P. O. BOX 1429, BLOOMFIELD, NM 87413 Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GA	EL PASO NATURAL GAS COMPANY					X 1492,	EL PASO	TY 7	<i>jorm is to be s</i> 0070	ent)
If well produces oil or liquids, give location of tanks.	Unit So	oc. Tw	p.	Rge.	la gas actuall	y connected?	When		29/6	
L			i							
If this production is commingled vIV. COMPLETION DAT	'A.	lease or pool,	, give con	nming	ling order numi	er:				
	17	Oil Well	Gas W		1					
Designate Type of Com-	letion - (X)	JII 11 EM	j Oakw	CII	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. F	Date Compl. Ready to Prod.			Total Depth		DD.CD	l		
land in the men and the second								P.B.T.D.		
cicvations (Dr., RRB, RI, GR, etc	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas P	2 9		Tubing Depth		
Perforations	eforations]		
					•			Depth Casin	g Shoe	
	TUE	SING. CA	SING A	ND	CEMENTIN	C DECOR		<u> </u>		
HOLE SIZE	TUBING, CASING AN CASING AN CASING & TUBING SIZE			110	DEPTH SET					
The second secon						DEF IN SET		SACKS CEMENT		
TEST DATA AND DE	Outer Corte									
TEST DATA AND RECOIL WELL (Test must be	QUEST FOR ALL	OWABL	E							
Date First New Oil Run To Tank	after recovery of total w	olume of load	d oil and	musi l	be equal to or e	xcerd top allow	vable for this	depth or be fo	or full 24 hour	s.)
	Date of Text				Producing Met	hod (Flow, pun	up, gas lýt, et	c.)		
ength of Test	Tubing Pressure				Casing Pressure			Choke Size		
ere i geriorio en en en esperante.						,		5126		
ctual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	····	
				_ [
JAS WELL										
clual Prod. Test - MCF/D	Length of Test				Bbls. Condensa	c/MMCF		Citavity of Co	vodencale.	
no Methyd feil at Lask						i	Gravity of Condensate			
sting Method (pitot, back pr.)	Tubing Pressure	(Shut-in)		•	Casing Pressure	(Shut-in)		Clicke Size		
I ODED ATOD CONTRA				_ ,			ĺ			
I. OPERATOR CERTI	FICATE OF CO)MPLIAI	NCE	-	_					
I hereby certify that the rules and Division have been complied with	regulations of the Oil C	onservation			O	L CONS	SERVA	TION D	IVISIO	N
is true and complete to the best of	my knowledge and beli	n given abov ief.	e	- 11						
111					Date A	pproved	MA	Y 08 10	DQ	
4. 7. Hampton					-1					
Signature I I Hampton	-				Ву		(المساط	_ The	~	
J. L. Hampton Pointed Name	Sr. Staff Ad	min. Su	ıp.rv.	- 11		8 1	JPERVIS	ION DIS	TRICT #	\$
anaury 16, 1989 303-830-5025					Title					
13.4.	the second secon			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 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.