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Appropriate District Office
DISTRICT I
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, Artesia, NM 88210

OIL CONSERVATION DÍVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

OU Rio Brazos Rd., Azzec, NM 87410	MECK	EST FO	OR AL	LOWA ORT OI	BLE AND L AND NA	AUTHORI: TURAL G/	AS	BLN:			
Operator AMOCO PRODUCTION COMP	ANY				)		Well A	rı No.			
ddress P.O. BOX 800, DENVER, COLORADO 80201						3004520311					
teason(s) for Filing (Check proper box) New Wetl Recompletion	Oil Casinghea	Change in		. 📙	_	ner (Please expl AME CHANG		se LS	#10		
change of operator give name ad address of previous operator											
I. DESCRIPTION OF WELL			V:-4	of Lease		Lease No.					
CASE /B/	Well No. Pool Name, lacture 10 AZTEC (PI					• .	1	ERAL.	1	SF078095	
Unit LetterC	:9	00	Feet Fr	rom The	FNL Li	ne and1	555Fe	et From The .	FWL	Line	
Section 19 Towns	hip 31N	<u> </u>	Range	11W		тем.	SAN	.JUAN		County	
II. DESIGNATION OF TRA		OR OF O	IL AN	ID NAT	Address (G	ive address to w				end)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas					P.O. ROX-1479, RLOOMFIELD, NM 87/13  Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS C		IPANY			P.O. F	P.O. BOX 1492 EL					
give location of tanks.	_i	<u> </u>			alian ander sur		L			<del></del>	
f this production is commingled with th V. COMPLETION DATA	at from any ou	Oil Well		Gas Well	New Wel	_,	Deepen	Plug Back	Same Res'v	Dill Res'v	
Designate Type of Completion		_i	_i_		ļ	<u>i</u>	ــــــــــــــــــــــــــــــــــــــ	1	J		
Date Spudded	Spudded Date Compl. Ready to Prod.				Torri Debr	Total Depth P.B.T.D					
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Ga				g Depth		
Perforations								Depth Casi	ng Shoe		
		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEM	MENT	
HOLE SIZE											
								<del> </del>			
V. TEST DATA AND REQU OIL WELL (Test must be after	EST FOR	ALLOW	ABLE of load	E d oil and m	ust be equal to	or exceed top a	Howable for th	is depth or be	for full 24 ho	ws.)	
Date First New Oil Run To Tank		Date of Test				Method (Flow,	benth' faz ıkı'	en.,			
Length of Test	Tubing P	Tubing Pressure				MECEINEL			Sas- MCF		
Actual Prod. During Test	Oil - Bbl	<b>L</b>			with B	OCT 2.9	1990 [	The mer			
GAS ELL					Bble O	LCON	. DIV	(Jeavity of	Condensate		
Actual Prod. Test - MCI/D	Leagth 0	( Test			Rote Can	DIST.	3 3	Ciavily C	002002		
Testing Method (pitot, back pr.)	Tubing I	Tubing Pressure (Shut-in)				essure (Shut-ia)	<u> </u>	Choke Siz	e		
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						OIL CONSERVATION DIVISION 0CT 2 9 1990					
is true and complete to the best of	niy kaowie:igo , , _	and Delici.				ate Approv		3	) el		
Signature W. Whaley, Staff Admin. Supervisor					-    B) -	•			ISOR DIS	TRICT	
Printed Name October 22, 1990			Title -830- elephone	-4280	-    Ti	ile					

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.
- 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.