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

State of New 1 Energy, Minerals and Natural 1

: Department

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

OIL CONSERVATION DIVISION

DISTRICUII	()	il CO				11 4 1210	14			1	
P.O. Drawer DD, Anesia, NM 88210		Cant		P.O. Bo Nave Ma	x 2088 xico 8750	A_2088				1	
DISTRICT.III			•								
1000 Rio Brizos Rd., Aztec, NM 87410	REQUE	EST FOR	ALL	.OWAB	ILE AND A	UTHORE	ZATION		,		
I. TO TRANSPORT OIL AND NATURAL GAS								DI NI.			
Operator Well Among Production Company 3004								520316			
Amoco Production Compa							13004.	20310			
Address 1670 Broadway, P. O. F	3ox 800,	Denver	, Co	lorado	80201						
Reason(s) for liling (Check proper box)	·					r (Please explo	zin)				
New Well		hange in Tra		er of:							
Recompletion [X]	Oil Casinghead	Cor [] Di	•	الله [آ] ما							
Halinge in experience					11.11	C 1	1 0.1				
and address of previous operator 1enr	ieco Ull	L & P,	010	2 5. 1	Willow,	englewoo	a, Color	'a <u>do 80</u>	133		
II. DESCRIPTION OF WELL			. :							N.	
Lease Name HEATON LS	2				ng Formation H (PICT)	CLIFFS)	FEDEI	RAT.	SF078	ase No. 309.7	
Location	۴	1	1.10		. (1101		i ::::::::		1 57.976		
i I	165	o '	et From	FS	L	1125	Fee	et From The .	FEL	Line	
Unit Letter:					Lanc	**************************************					
Section 45 Township	,31N	R	inge ¹¹	. W 	, NN	IPM,	SAN JU	JAN		County	
HL. DESIGNATION OF TRAN	CPADTED	OF OH	AND	NATII	RAL GAS						
Name of Authorized Transporter of Oil		or Condensat			Address (Giw	address to wi	uch approved	copy of this f	orm is to be see	nt)	
CONOCO	()							ELD, NM 87413			
Name of Authorized Transporter of Casing EL PASO NATURAL GAS CON						e <i>address to wi</i> X 1492 .		copy of this form is to be sent) TX 79978			
If well parduces oil or liquids,		Sec. IT		Rge.	Is gas actually		When				
give location of tanks.			',- ',- 				i .				
If this production is commingled with that	from any other	lease or poo	d, give	commingl	ing order numb	жr:					
IV. COMPLETION DATA					I		T	Dive David		Diff Res'v	
Designate Type of Completion	- (X)	Oil Well 	l Ga	s Well	New Well	workover	Deepen	Flug Dack	Same Res'v		
Die Spudded	Date Compl.	Ready to Pi	ud.		Total Depth			P.B.T.D.	1	- -	
					- Z:: A						
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas I	'ay		Tubing Depth			
Perforations					l			Depth Casing Shoe			
-	T	JBING, C	ASIN	G AND	CEMENTII	NG RECOR	D				
HOLE SIZE	1				ZE DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	r för ä	LLOWAI	LE		1						
OIL WELL. (Test must be after r.			load oil	l and musi					for full 24 how	rs)	
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, p	ump, gas iyi, e	ic.)			
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
	.				J			J			
GAS WELL											
Actual Prod. Test - MCI/D	Length of Test			Bbls. Cendensate/MMCF			Gravity of (Condensate			
	Juding Pres	sure (Shut in			Casing Pressu	ine (Shut-in)		Choke Size		, . 	
Testing Methed (pilot, back pr.)	Tuonig ries	sare (structo	,		C=g	(0 1)					
U. OPERATOR CERTIFIC	ATE OF	COMPL	LANG	CE.				.1			
Thereby certify that the rules and regul				C13		DIL CON	ISERV	ATION	DIVISIO	N	
Division have been complied with and			above								
is true and complete to the best of my knowledge and belief.					Date Approved MAY 0.8 1099						
J. L. Hampton					31100						
Signature					By_						
J. L. Hampton Sr. Staff Admin. Suprv.					Time		OUPERVI	210 N DI	STRICT #	7 3	
Janaury 16, 1989		303-83		25	Title						

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.