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

State of New Mc Energy, Minerals and Natural Re

Department

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

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OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICE II P.O. Drawer DD, Anesia, NM 88210

Santa Fe, New Mexico 87504-2088

<u>DISTRICT III</u> 1000 Rio Brazas Rd., Aztec, NM 874	10 DECLIES	T EOD ALLOW	ARIE AND ALITUOE	ΝΖΔΤΙΩΝ				
I .			ABLE AND AUTHOF DIL AND NATURAL C					
Operator	712 711 O 1771 O 177L C	Well API No.						
Amoco Production Con		3004520895						
Address 1670 Broadway, P. O	. Box 800, De	enver, Colora	odo 80201					
Reason(s) for l'iling (Check proper bo.	r)		Other (Please exp	olain)				
New Well	Chan	ge in Transporter of:	1					
Recompletion	Oil	Dry Gas]					
Change in Operator	Casinghead Gas	Condensate]					
f change of operator give name and address of previous operator	enneco Oil E	& P, 6162 S.	Willow, Englewo	od, Colo	rado 8015	5		
II. DESCRIPTION OF WEL		N 10 1N 1	e de la Proposition de la companya d				N.	
Lease Name		Well No. Pool Name, Includin		·		Lease No.		
CASE LS		15 BLANCO (PICTURED CLIFFS)		FEDE	FEDERAL		SF078095	
Location Unit LetterD	: 700	Feet From The	FNL Line and 1030	L Line and 1030 Feet		t From The _FWLLine		
Section 8 Town	Section 8 Township 31N Range 11W			SAN J	SAN JUAN County			
III. DESIGNATION OF TR		F OIL AND NAT	URAL GAS					
Name of Authorized Transporter of Oi CONOCO	· ·	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1429, BLOOMFIELD, NM 87413						
Name of Authorized Transporter of Ca	isinghead Gas	or Dry Gas [X	·	~			u)	
EL PASO NATURAL GAS	COMPANY		P. O. BOX 1492,			8		
If well produces oil or liquids, ave location of tanks.	Unit Sec.	Twp. Rg	ge. Is gas actually connected?	When	. 7			
			<u> </u>					
I this production is commingled with to V. COMPLETION DATA	·							
Designate Type of Completion		Well Gas Well	New Well Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v	
Date Spudded	Date Compl. Rea	dy to Payd	Total Depth	_i			.	
trac openies	Date Compt. Rea	ay to rioz			r.b.1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Produci	ng Formation	Top Oil/Gas Pay	Top Oil/Gas Pay		Tubing Depth		
Perforations	·					Depth Casing Shoe		
	TIRU	NC CASING AN	D CEMENTING RECO	PD	<u> </u>			
HOLE SIZE		& TUBING SIZE		DEPTH SET		SACKS CEMENT		
NOCE OFFE	0.15.110	W TODITO OILL	<u> </u>	<u> </u>		110 02111		
								
			-					
v. TEST DATA AND REQU	EST FOR ALLO	WABLE						
			usi be equal to or exceed top at	llowable for thi	s depth or be for f	ull 24 hour	s.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, p					
Length of Test	Tubing Pressure		Casing Pressure	Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	Water - Bbls.		Gas- MCF		
GAS WELL					1			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Cond	ensale		
						•		
esting Method (pitot, back pr.)	Tubing Pressure ((Shut-in)	Casing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIF	ICATE OF CO	MPLIANCE						
I hereby certify that the rules and re		OIL CONSERVATION DIVISION						
Division have been complied with a		MAY 08 1000						
is true and complete to the best of n	ny knowledge and beli-	ef.	Date Approve	ed 📆	או עני י־״.	•		
111	Date Applove	~						
4. 7. Stan	D.	المساه	, Gum	5	_			
Signature	Ву	SUPERVI	SION DIST	RICT #	3			
J. L. Hampton	Sr. Staff Ad	lmin Suprv.						
Janaury 16, 1989	30	3-830-5025	Title					
Date	<u>_</u>	Telephone No.						

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

- 3) 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.