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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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III

1000 Rio Brizos Ra., Aziec, Nm. 87410						LE AND A AND NAT			ION	_			
)perator AMOCO PRODUCTION COMPANY							Well API No. 3004521271						
Address						<del></del>			1				
P.O. BOX 800, DENVER, ( Reason(s) for Filing (Check proper box)	OLORAI	JU 8020	) 1			Other	(Please exp	olain)					
New Well		Change in	-		:				_				
Recompletion	Oil		Dry G						J				
Change in Operator	Casinghea	id Gas	Condc	nsate	4								
of change of operator give name and address of previous operator													
II. DESCRIPTION OF WELL	AND LE		I		- aludia	- Eation			Kindo	/ Lassa	1	ase No.	
RIDDLE C LS						ig Formation ICT CLIF	FS)		Kind of Lease FEDERAL		82078316E		
Location N Unit Letter	:	800	Feet F	rom Ti	ne	FSL Line	and	800	F <del>o</del>	at From The	FWI	Line	
31 Section Township	31	l N	Range	:	9W		IPM,		SA	N JUAN		County	
III. DESIGNATION OF TRANS	SPORTE	or Conde	IL AN	ND NA	ATUI	Address (Give	oddress to	which o	pproved	copy of this	orm is to be se	int)	
Name of Authorized Transporter of Oil or Condensate						Address (Give oddress to which approved copy of this form is to be sent) 35.35 EAST 30TH STREET, FARMINGTON, NM 8740							
Name of Authorized Transporter of Casing E.L. PASO NATURAL GAS CO	Transporter of Casinghead Gas Or Dry Gas TURAL, GAS COMPANY								copy of this j	orm is to be se 79978	ent)		
If well produces oil or liquids,	Unit	Svc.	Twp.	_	Rge.	is gas actually	connected?		When	7			
If this production is commingled with that I	rom any ot	her lease or	pool, g	ive con	raming)	ing order numb	er:						
IV. COMPLETION DATA								<del>-</del>			- Io	by or north	
Designate Type of Completion	- (X)	Oil Wel	۱   ل_	Gas W	/eil	New Well	Workover	1.	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.					Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth			
Perforations										Depth Casing Shoe			
										<u> </u>			
	TUBING, CASING AND									SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET				CAGNO GEMENT			
	-					ļ							
THE PARTY AND DECLIES	TEOD	ALLOW	A DI I	<del></del>					·	1			
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ecovery of	ALLUVI Iotal volumi	rof load	c d oil an	id musi	be equal to or	exceed top	allowa	ble for the	s depth or be	for full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow,	pwnp,	gas lift,	ttc.)				
Length of Test	Tubing P	Tessure		-		QU)PE	GE	V	P=	Choke Siz			
Actual Prod. During Test	Oil - Bbl	s.		<del></del>		Walcar Bole	EB25	1991	<u> </u>	Gas- MCF			
GAC WELL	1						CON		iV.	ــــــــــــــــــــــــــــــــــــــ			
GAS WELL Actual Froil Test - MCF/D	Length o	Test				Bbls. Concer	- EMMC	<del>ا نیا</del> پر	<u> </u>	Gravity of	Condensate		
						1951. 3				Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Siz				
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION							
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above										FEB 2 5 1991			
is true and complete to the best of my knowledge and belief.						Date	e Appro	ved			1		
L. H. Shley						By_	By But Shoul						
Signature Doug W. Whaley, Staff Admin. Supervisor Printed Name Title						Title	,		SUP	ERVISO	R DISTRIC	OT ∦3	
February 8, 1991		303	-830	-428	٥	''''	·						

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.