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

State of New Me Energy, Minerals and Natural Res

'epartment

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT. II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088

I.	REQUEST				AUTHORIZ TURAL GA					
Operator	. ALLO NA	Well API No.								
Amoco Production Compa		3004521376								
Address 1670 Broadway, P. O. I	Box 800, De	nver,	Colorad	o 80201						
Reason(s) for lilling (Check proper box)				Othe	er (l'Iease expla	iin)				
New Well 1_J	_	e in Transp	17							
Recompletion Change in Operator	Oil Casinghead Gas	L J Dry G								
16 -1										
and address of previous operator Tent	neco Oil E	& P, 6	162 S.	Willow,	Englewood	d, Color	ado 80	155		
H. DESCRIPTION OF WELL								1		
Lease Name	Well h	ı	Name, Includi	_			Lease No.			
THURSTON LS	2 AZTEC (PICTU			URED CLIFFS) FEE			FEE			
Location Unit Letter A	: 1180	Feet F	rom The FN	L Line	and 1180	Fee	t From The	FEL	Line	
Section 31 Townshij	31N	Range	11W	, NI	MPM,	SAN JU	AN		County	
III. DESIGNATION OF TRAN	SPARTER AF	OHAN	ID NATH	RAL GAS						
Name of Authorized Transporter of Oil		ndensate	7	Address (Giv	e address to wh	uch approved	copy of this fo	rm is to be se	nt)	
Name of Authorized Transporter of Caunghead Gas or Dry Gas X EL PASO NATURAL GAS COMPANY					Address (Give address to which approved copy of this form is to be sent) O. BOX 1492, EL PASO, TX 79978					
II well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	is gas actuall		When				
If this production is commingled with that	from any other lease	I	ive conumingl	ing order numl	ber:					
IV. COMPLETION DATA						[B]	Dive Deat	Sama Basiu	Diff Res'v	
Designate Type of Completion	- (X) Oit V	*eli	Gas Well	New Well	Workover I	l Deebeu I	riug nack	Same Res'v	l Kesa	
Date Spudded	Date Compt. Ready to Prod.			Total Depth			P.B.T.D.			
Clevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				L	Depth Casing Shoe					
	TURIN	JG CAS	ING AND	CEMENTI	NG RECOR	D	!			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
<u>.</u>										
V. TEST DATA AÑO REQUES	T FÓR ÁLLÓ	WABLE		1			I			
OIL WELL (Test must be after r	ecovery of total volu	une of load	oil and must	he equal to or	exceed top allo	mable for thu	depth or be f	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	ethod (Flow, pu	ımp, gas lýt, e	c.)			
Length of Fest	Tubing Pressure			Casing Press	ire		Choke Size			
Actual Prod. During Test	Oil - Ubls.			Water - Bbls.			Gas- MCF			
	l			J			·	·		
GAS WELL							• •			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	sate/MMCF		Gravity of C	ondensate		
lesting Method (pilot, back pr.)	Tubing Pressure (Shut in)		Casing Press	ure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE OF CO	MPLIA	NCE			ISEDVA		חואופור)N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.				Date ApprovedMAY 08 1989						
J. L. Hampton				_	•	3.) A	_/		
Supature				By_	By SUPERVISION DISTRICT # 3					
J. L. Hampton Sr. Staff Admin. Suprv Printed Name Title						ourenv1	GION DI	J 1 1 1 4 7	. 🕶	
Janaury 16, 1989 303-830-5025				Title						
Date		Telephone	No.							

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.