Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 Energy, Minerals and Natural Re

State of New Mc Department

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

## OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210			lox 2088				,	,		
DISTRICT III	San	ita Fe, New M	lexico 8750	<b>)4-2</b> 08 <b>8</b>						
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	ALLOWA	BIEAND	ALITHOD	IZATION					
I.										
TO THATOLOGIA OF TAXABLE CAS						I API No.				
Amoco Production Company					3004	3004526853				
Address						320033				
1670 Broadway, P. O.	Box 800, Denve	r, Colorad	lo 80201							
Reason(s) for Filing (Check proper box)			Out	cr (Please exp	lain)					
New Well	· · · ·	Fransporter of:								
Recompletion Change in Operator		Dry Gas []								
	Casinghead Gas (							· · · · · · · · · · · · · · · · · · ·		
and address of previous operator Ten	neco Oil E & P	, 6162 S.	Willow,	Englewoo	od, Colo	rado 80	155			
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name					ing Formation			Lease No.		
BARRETT COM	<u> 8</u>	TURED CLIFFS) FEDE			RAL	SF07	8319A			
Location	130	F3								
Unit Letter	_ :I	Feet From The FA	Line	and 820	Fe	et From The	FWL	Line		
Section 30 Townshi	31N	Range 9W		4 Da 4	SAN J	I I A NI		_		
Section Townshi	P	Kange	, N	ирм,	DAN J	UAN		County		
HL_DESIGNATION OF TRAN	SPORTER OF OH	AND NATU	RAL GAS							
Name of Authorized Transporter of Oil	Address (Give address to which approved			copy of this fo	orm is to be se	:nt)				
(:)	tJ									
Name of Authorized Transporter of Casin		or Dry Gas [X]	Address (Give	address to w	hich approved	copy of this fo	orm is to be se	nt)		
EL PASO NATURAL GAS CO					EL PASO	, TX 79	978			
If well produces oil or liquids, give location of tanks.	Unit Sec. 7	lwp. Rge.	is gas actually	connected?	When	?				
r	J l.	1	<u></u>							
If this production is commingled with that IV. COMPLETION DATA	from any other lease or po	xol, give comming	ling order numb	er:						
TV. COMEBITON DATA	Oil Well	Gas Well	I Non Wall	Workover			ı <u> </u>	haren i		
Designate Type of Completion	- (X)	1 Oak Well	I LIEM MEIT	WORKOVET	Deepen	Plug Back	Same Kes v	Diff Res'v		
Date Spudded	Date Compl. Ready to P	rod.	Total Depth		<u> </u>	P.B.T.D.	i	<del></del>		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas I	ay		Tubing Dept	h			
Perforations										
T CITCH AND THE STATE OF THE ST						Depth Casing	g Shoe			
	TIDING C	TARING AND	CEMENTER	IC DECOR		<u> </u>				
HOLE SIZE	CASING & TUB	CEMENTING RECORD			CACKE OF MENT					
	CASING & TOBING SIZE		DEPTH SET			SACKS CEMENT				
					· · · · · · · · · · · · · · · · · · ·					
	l									
V. TEST DATA AND REQUES										
	ecovery of total volume of	load oil and must					or full 24 how	5.)		
Date First New Oil Run To Tank	Date of Test		Producing Me	thod (Flow, pu	ump, gas lýl, ei	'c.)				
Length of Test	Tubing Pressure		Casing Pressure			Choke Size				
	ruonig i lessate		Caomy 1 10000	Casing Pressure						
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF				
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test		Bbls, Condens	ate/MMCF		Gravity of Co	ondensate	-		
***		<del>نهند د</del> سبو پر پا								
Testing Method (pitot, back pr.)	1 (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shul-in)			Choke Size				
	l									
VI. OPERATOR CERTIFIC.	ATE OF COMPL	IANCE			10=D) (					
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				MAY 08 1989						
	Date	Approve	d	A						
J. J. Ham			7.4	) eh	-					
Signature	Ву		- مهدن		STRICT!	# 3				
J. L. Hampton Sr	SUPERVISION DISTRICT # 3									
Printed Name Janaury 16, 1989	Title_									
Date	303-83 Teleph	one No.	1							
			H							

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.