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

State of New Me Energy, Minerals and Natural Re

Department

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.		IO IRA	NSP	ORTO	L AND NA	TURAL G						
Operator Amoco Production Company						Well API No. 3004525271						
Address							5004	323271				
1670 Broadway, P. O. Reason(s) for Filing (Check proper box)	Box 800	, Denv	er,	Colorac		or (Please exp	Jai-1					
New Well		Change in	Transp	orter of:		ci (i ieuse exp	·om/					
Recompletion [3]												
Change in Operator X	Casinghead										_	
and address of previous operator Teni	neco Oi	LE&	P, 6	162 S.	Willow,	Englewoo	od, Colo	rado 80	155			
I. DESCRIPTION OF WELL	AND LEA		rz==: :									
Lease Name FIELDS	Well No. Pool Name, Includi 2E BASIN (DAKO					_			-	ease No. 0.6.1.1.7		
Location												
Unit Letter E	_ : 172	20	Feet F	rom The FN	L Lin	and 1020	Fe	et From The	FWL	Line		
Section 25 Township	Township 32N Range 11W				. N	мрм,	SAN J	UAN	JAN County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATU						JRAL (IAS Address (Give address to which approved copy of this form is to be sent)						
GR []						The second secon						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						Address (Give address to which approved copy of this form is to be sent)						
CL PASO NATURAL GAS COMPANY well produces oil or liquids, Unit Sec. Twi				Rue	P. O. BOX 1492, EL PAS Is gas actually connected? Wh			·				
rive location of tanks.	ii				lo gao accam							
f this production is commingled with that f V. COMPLETION DATA	from any othe	er lease or p	oool, gi	ve comming	ling order numl	xer:						
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	-	
Designate Type of Completion		i	j_		İ		<u>i </u>	i i		<u> </u>		
Date Spudded	Date Compl	l. Ready to	Prod.		l'otal Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas 1	Top Oil/Gas Pay			Tubing Depth			
efforations					<u> </u>							
CHOIGHOIIS								Depth Casing	Shoe			
		UBING,	CASI	NG AND	CEMENTI	NG RECOR	RD	<u> </u>			-	
HOLE SIZE						DEPTH SET			SACKS CEMENT			
man and the second of the second of					·							
							······································					
/. TEST DATA AND REQUES OIL WELL, (Test must be after re				ail and must	he equal to on	erceed ton all	awahla for this	r double or he Co	or full 3d hour	1		
Pale First New Oil Run To Tank	Date of Test		y rodu	on one mes			ump, gas lýt e		7 јан 24 нов	3.,	-	
								(3.1) 6				
ength of Test	Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
	L				l			1				
GAS WELL Actual Prod. Test - MCF/D	F111271.5711.836				i wri main inn			aprije amazone nje jed			_	
CIUM 1700. Test - MC1717	Length of To	ESL			Bbls. Condens	ale/MMCF		Gravity of Co	ndensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
I. OPERATOR CERTIFICA	ATE OF	COMP	JAN	ICE							١	
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 Approved MAY 08 1989							
1 1 st.					Date	_	_	d	/			
Suparure J. Hampton					Ву		بند)	Jung			_	
J. L. Hampton Sr. Staff Admin. Suprv.					,	BUF	PERVISIO	N DISTRI	.CT # 3			
Pointed Name Janaury 16, 1989 Title 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.