Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources 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., Aziec, NM 87410	REQ				BLE AND AUTH							
Operator ANOCO PRODUCTION COMPANY							Well API No. 300392254400					
Address P.O. BOX 800, DENVER,	COLORA	DO 8020	)1						,	· · · · · · · · · · · · · · · · · · ·		
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator  If change of operator give name	Oit Casinghe	Change in	Transpo Dry Ga Conder	ı. 🗀	Other (Please	e explain)						
and address of previous operator												
II. DESCRIPTION OF WELL Lease Name JICARILLA CONTRACT 146	· · · · · · · · · · · · · · · · · · ·			ol Name, Including Formation TERO CHACRA (GAS)			Kind of Lease State, Federal or Fee			ase No.		
Location E Unit LetterE	_ :	1570	Feet Fr	rom The	FNL Line and	111	0 Fee	t From The	FWL	Line		
Section 03 Townshi	p25	N	Range	5W	, NMPM,		RIO	ARR I BA		County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil GARY WILLIAMS ENERGY. ( Name of Authorized Transporter of Casin NORTHWEST PIPELINE CON If well produces oil or liquids, give location of tanks.	CORPORA ghead Gas	or Conder	nsale	D NATU  Gas X  Rge.	P.O. BOX 15. Address (Give address P.O. BOX 89	9, BL	OOMFIE approved	LD , NN copy of this f KE CITY	87413 orm is 10 be se	nı)		
If this production is commingled with that  IV. COMPLETION DATA	from any ot	her lease or	pool, giv	ve comming	ling order number:							
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well   Worko	ver	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Con	o Prod.	<del></del>	Total Depth			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oal/Gas Pay			Tubing Depth				
Perforations							Depth Casing Shoe					
		TUBING.	CASI	NG AND	CEMENTING RE	CORD		<u> </u>				
HOLE SIZE CASING					DEPTH			SACKS CEM	ENT			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE					J				
OIL WELL (Test must be after a Date First New Oil Run To Tank	Date of T		of load	oil and mus	Producing Method (Fi				jor juit 24 nou	75.)		
Length of Test	Tubing Pr	ressure			Casing Pressure			Chuke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			CEARE !!					
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Condensate/MN	ıcı	JU	Gravity of	Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shul	l-in)		DON, DET. S	DIV -			
VI. OPERATOR CERTIFIC  1 hereby certify that the rules and regulation have been complied with and	lations of th that the inf	e Oil Conse ornation giv	rvation		OIL (	CONS	SERV		DIVISIO 5 1990			
is true and complete to the best of my	knowledge	and belief.			Date App	roved		<u>Jul</u>	_1	, 		
Signature Doug W. Whaley, Staff Admin. Supervisor					Ву		31	IPERVIS	OR DISTR	ACT 44		
Printed Name June 25, 1990 Date		303-	Title	4280	Title					101 73		

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.

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DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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## **OIL CONSERVATION DIVISION**

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

<u>DISTRICT III</u> 1000 Rio Brizos Rd., Aziec, NM 8741	REQUEST	FOR ALL	.OWAE	BLE AND	AUTHOF	RIZATION				
1.				AND NA	-					
Operator AMOCO PRODUCTION COM		Well API No. 300392254400								
Address P.O. BOX 800, DENVER	, COLORADO 80	201						· d		
Reason(s) for Filing (Check proper box				Oth	er (Please ex	plain)				
New Well	Change	in Transports								
Recompletion	Oil	Dry Gas	LJ							
Change in Operator	Casinghead Gas [	_ Condensa	ie 🗓							
If clampe of operator give name and address of previous operator										
II. DESCRIPTION OF WEL	L AND LEASE									
Lease Name JICARILLA CONTRACT 1	46 Well No. 35	Pool Nam	e, Includi 3 - Office	ng Formation FRA (GAS	عديد)	Kind State	of Lease Federal or Fee	La	ease No.	
Location E	1570			FNL		1110	-	FWL		
Unit Letter	:	Feet Fron			e and	F	eet From The		Line	
Section 03 Town	ship 25N	Range	5W	, N	мрм,	RIG	O ARRIBA		County	
III. DESIGNATION OF TRA			NATU			List same				
Name of Authorized Transporter of Oil GARY_WILLIAMS_ENERGY	i	[	X	· '		••	d copy of this fo ETTY NIN		nu)	
Name of Authorized Transporter of Ca		or Dry G	* (X)	Address (Giv	e address to	which approve	LD, NN topy of this fo	rm is to be se	nı)	
NORTHWEST PIPELINE C	-	-					AKE_CITY,		-	
If well produces oil or liquids,	Unit   Sec.	Twp.	Rge.	ls gas actuali						
give location of tanks.		_ll								
f this production is commingled with th IV. COMPLETION DATA	nat from any other lease o	or pool, give	commingl	ing order num	ber:					
Designate Time of Constalin	Oil W	il Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic		!		1 22 - 1 D 16	l		1,1		1	
Date Spudded	Date Compl. Ready	to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas	Pay		Tubing Depth						
efforations							Depth Casing Shoe			
	TIIDINI	CASIN	2 AND	CEMENTU	NC BECO	nn				
HOLE SIZE	CASING &			CEMENTI			1	ACKS CEM	ENT	
HOLE SIZE	CASING &	TUBING 512	<u>.c</u>	DEPTH SET			SACKS CEMENT			
							-			
V. TEST DATA AND REQU	EST FOR ALLOV	VABLE								
	er recovery of total volum	e of load oil	and must					or full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	ethod (Flow,	pump, yas lift,	elc.)			
Length of Test	Tubing Pressure			Casing Press	irė	D) E	CEI VE M			
Actual Prod. During Test	Oil - Ibls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL				I		J		<b>3U</b>		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	sate/MMCF	OIL	CON.c. DIST. 3	DIV		
Festing Method (pitot, back pr.)	Tubing Pressure (SI	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)					
VI. OPERATOR CERTIFI	ICATE OF COM	DITANG		\			·I			
VI. OPERATOR CERTIFI  I hereby certify that the rules and rep			- 4.0	(	DIL CO	NSERV	ATION [	DIVISIO	N	
Division have been complied with a										
is true and complete to the best of n				Data	Approv	ad	JUL	5 1991	0	
11,1 100				Dale	whhlon	eu	<u> </u>			
LIH. When	-			B			7	$\mathcal{A}$	/	
Signature Doug W. Whaley, St	LEE All : "			By_			<u>. د م</u> یده	Chan	<i>{</i>	
	aff Admin. Su	perviso Tule	<u>r</u>			S	UPERVISO	R DISTR	ICT #3	
Printed Name Turno 25 1990	20.2		90	Title						
June 25., 1990		-830-42 Tephone No.	۵U_							

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