Subnut 5 Copies
Appropriate Instrict Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

| DISTRICT II P.O. Drawer DD, Anesia, NM 88210 | P.O. Box 2088 Santa Fe, New Mexico 87504-2088 | | | | | | | | |
|--|---|--------------------------------|---------------------------------------|------------------------|--------------------------------|-------------------------------------|------------|--|--|
| DISTRICT III 1000 Rio Braus Rd., Aziec, NM 87410 | | | BLE AND AUTH | - | | | | | |
| 1. | | | AND NATURA | | | | | | |
| AMOCO PRODUCTION COMPA | NY | | TAPLNO. 10392345700 27 (77 77) | | | | | | |
| Address P.O. BOX 800, DENVER, | COLORADO 80201 | | | | | | | | |
| Reason(s) for filing (Check proper box) | | | Other (Please | explain) | | | | | |
| New Well Recompletion | Change in Tr | | | | | | | | |
| Change in Operator | | ondensale X | | | | | | | |
| If clainge of operator give name and address of previous operator | | | | | | | | | |
| II. DESCRIPTION OF WELL | AND LEASE | | | | | | | | |
| FRED PHILLIPS X () | | ol Name, Include BLANCO MES | ing Formation SAVERDE (PRORA | | i of Lease , Federal or Fee | Leas | e No. | | |
| Unit Letter K | _ :1115Fe | et From The | FNL Line and | 1820 | Feet From The | FWL | Line | | |
| Section 10 Townshi | p 25N R | ange 3W | , NMPM, | RI | O ARRIBA | | County | | |
| III. DESIGNATION OF TRAN | SPORTER OF OIL | AND NATU | RAL GAS | | | | | | |
| Name of Authorized Transporter of Oil | or Condensate | • (X) | Address (Give address | to which approve | d copy of this for | n is to be seni) | | | |
| GARY - WILLIAMS - ENERGY - C Name of Authorized Transporter of Casing | | Dry Gas X | P.O. BOX 159 Address (Give address | BLOOME I | ELD, NM _ E | n is to be sent | | | |
| EL PASO NATURAL GAS CO | | · | P.O. BOX 149 | | | | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. To | νρ. Rge. | Is gas actually connect | ed?' Who | o Ź | | | | |
| If this production is commingled with that IV. COMPLETION DATA | from any other lease or poo | l, give comming | ing order number: | | | | | | |
| Designate Type of Completion | - (X) | Gas Well | New Well Worko | ver Deepen | Plug Back Sa | ime Res'v | oilf Res'v | | |
| Date Spudded | Date Compl. Ready to Pr | vd. | Total Depth | | P.B.T.D. | · · · · · · · · · · · · · · · · · · | | | |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | alion | Top Oil Gas Pay | Tubing Depth | Tubing Depth | | | | |
| Perforations | | | Depth Casing S | Shoe | | | | | |
| | TIRING C | A SINIC AND | CEMENITING DE | 2000 | _ | | | | |
| HOLE SIZE | CASING & TUBI | | CEMENTING REC | SA | SACKS CEMENT | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| V. TECT DATE AND DESCRIPT | T POD ALLOWAR | | | | | | | | |
| V. TEST DATA AND REQUES OIL WELL (l'est must be after re | ecovery of total volume of t | • | be equal to or exceed to | p alluwable for ti | us depth or be for | full 24 hows) | | | |
| Date First New Oil Run To Tank | Date of Test | | Producing Method (Fla | | | <u></u> | | | |
| Length of Test | Tubing Pressure | | Casing Pressure | The state of | C Ac Sec | VER | | | |
| | | | | | | | | | |
| Actual Prod. During Test | Oil - Bbis. | | Water - Bbis. | n/a | JUL 5 19 | 90 | , | | |
| GAS WELL | · | | | ^ | CON | DIV 1 | | | |
| Actual Prod. Test - MCI/D | Length of Test | | Bbla. Condensate/MM0 | _{:r} O | Citavity di Con | DIA. | | | |
| Festing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | Casing Pressure (Shul- | n) | DIST. I | | _ <u>;</u> | | |
| | | | | | | | | | |
| VI. OPERATOR CERTIFIC. Thereby certify that the rules and regul. | | | OIL C | ONSERV | ATION D | IVISION | | | |
| Division have been complied with and to is true and consplete to the best of my k | | bove | 0 | | JUL : | 5 1990 | | | |
| NII IN | | | Date Appro | oved | 301 | A | | | |
| Signature States | | | Ву | | <u>ري</u> | Dans/ | | | |
| Doug W. Whaley, Staf | t <u>Admin, Super</u> Ta | | | SU | PERVISOR (| DISTRICT | 13 | | |
| June 25., 1990 | | 0-4280 | Title | · | ··· | | | | |

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.
- 31 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.

Count 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III

| 1000 Rio Brazos Rd., Aziec, NM 87410 | REQUEST | FOR ALLOV | VABLE AND AUTH OIL AND NATURA | ORIZATION | | | |
|---|--|--|--|------------------------------|--------------------------------|---------------------|--|
| Operator ANOCO PRODUCTION COM | Well | Well API No. 300392345700 | | | | | |
| Address | | | | | | 3 - 631 - 33/7/ | |
| P.O. BOX 800, DENVER, Reason(a) for filing (Check proper box) | COLORADO 8 | 0201 | Other (Pleas | e explain) | | | |
| New Well | | ge in Transporter of; | | e explain) | | | |
| Recompletion Change in Operator | Oil Casinubead Cas | Dry Gas [Condensate [| _ J vi | | | | |
| If change of operator give name and address of previous operator | Configuration Can | Condensate | Δ] | | | | |
| II. DESCRIPTION OF WELI | AND LEASE | | | | | | |
| Lease Name FRED_PHILLIPS ▲ (注) | | | cluding Formation H GALLUP-DAKOTA | , WEST Kind State, | of Lease No. Federal or Fee | | |
| Unit Letter (1) | _ :1115 | Feet From The | FNL Line and | 1820 F | cet From The | FWL Line | |
| Section 10 Towns | 25N | Range 31 | W , NMPM, | RIC | ARRIBA | County | |
| III. DESIGNATION OF TRA | NSPORTER OF | OIL AND NA | TURAL CAS | | | | |
| Name of Authorized Transporter of Oil | or Co | ndensate X | Address (Give address | to which approved | copy of this form | is to be sent) | |
| GARY WILLIAMS ENERGY Name of Authorized Transporter of Casi | P.O. BOX 15 | P.O. BOX 159, BLOOMF I ELD, NM 87413 Address (Give address to which approved copy of this form is to be seri) | | | | | |
| EL PASO NATURAL GAS C | | or Dry Gas | P.O. BOX 149 | | | | |
| If well produces oil or liquids, give location of tanks | Unit Sec. | Twp. F | ige. Is gas actually connect | ed? When | 7 | , u | |
| If this production is commingled with the IV. COMPLETION DATA | from any other lease | or pool, give comm | ningling order number: | | | | |
| Designate Type of Completion | Oii v - (X) | Vell Gas Wel | I New Well Worko | ver Deepen | Plug Back Sar | ne Resiv Diff Resiv | |
| Date Spudded | Date Compl. Read | y to Prod. | Total Depth | | P.B.T.D. | — | |
| Elevations (DF, RKB, RT, GR, etc.) | Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | Top Oil/Gas Pay Tubing Depth | | | |
| Perforations | | | | | Depth Casing Shoe | | |
| · | TUDIN | C. CASING A | to de les les les les les les les les les le | | | | |
| TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE | | DEPTH | | SAC | KS CEMENT | | |
| | | | | | J | TO CEMENT | |
| | | | | | ļ | | |
| V Tret biri a beingstie | | | | | | | |
| V. TEST DATA AND REQUE OIL WELL (Test must be after | | | nusi be equal to or exceed to | o allowable for the | death or he for 6 | di 2d h u se l | |
| Date First New Oil Run To Tank | Date of Test | | Producing Method (Flo | | | 24 13675) | |
| Length of Test | Tubing Pressure | | Casing Pressure | DE | F. L.V. | | |
| Actual Prod. During Test | Oil - Bbis. | Oil - Bbis. | | N Jul | JUL C. 51990 | | |
| GAS WELL | · · · · · · · · · · · · · · · · · · · | | | OIL (| ON. DI | V | |
| Actual Prod Test - MCF/D | Length of Test | | Bbis. Condensate/MMC | | DISTY og Cond | | |
| esting Method (pilot, back pr.) | Tubing Pressure (Shut in) | | Casing Pressure (Shul-n | n) | Choke Size | | |
| VI. OPERATOR CERTIFIC | ATE OF COM | 1PLIANCE | | | <u> </u> | <u></u> | |
| I hereby certify that the rules and regul Division have been complied with and | ations of the Oil Con- that the information p | servation given above | OIL C | ONSERVA | ATION DI | VISION | |
| is true and complete to the best of my knowledge and belief. | | | Date Appro | oved | JUL - 5 | 1990 | |
| Signature Doug W. Whaley, Staff Admin. Supervisor | | | Ву | 3_ | x d | | |
| Pointed Name <u>June 25</u> , 1990 Date | 303 | Title -830-4280 clephone No. | Title | รมคย | PAVISOR DI | STRICT #3 | |

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.