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Appropriate District Office
DISTRICT 1
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 1

## **OIL CONSERVATION DIVISION**

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		OTRA	NSP	ORT OI	L AND NATU	RAL GA	AS				
Operator	Well API No.										
Amoco Production Con	30-039-24310										
Address	ok Dosemi		379.6	07401							
2325 East 30th Stree Reason(s) for Filing (Check proper box)		ngton	INIM	87401	Other (P)	lease expla	.:_1	17	T A	E H W	1
New Well		Change in	Transixo	orter of:		•	•		/ La W	S U U	S
Recompletion	Oil		Dry Ga		Gas Conn	ectio	n Notic	e 🧗	1		
Change in Operator	Casinghead	i Gas 🕸							APR (	7 1989	
If change of operator give name and address of previous operator								<i></i>	NII CC	NAI D	IV.
•				<del></del>							LY
II. DESCRIPTION OF WELI Lease Name	L AND LEA		<u> </u>				·		UI:	ST. 3	
Simmons Federal Com		Well No.			ing Formation Mancos Ext.			o <del>f Lease</del> Federal or Fe	I	Lease No. 59074	
Location				VIII	rancos Lac.	<del></del>		100,101,011	- INVIT	33074	
Unit Letter F	175	50			N	22	00 _		W	: 	
Ont Letter	<del></del> :		Feet Fr		Line and		Fo	et From The		Lir	16
Section 3 Towns	hip 26N		Range	2W	, NMPM	•	Rio Ar	riba		County	
III. DESIGNATION OF TRA				D NATU		<del> </del>					
Name of Authorized Transporter of Oil Permian Corporation	X	or Conden	sale		Address (Give add						
					P. O. Box 1702, Farmington NM 8749						
Name of Authorized Transporter of Casinghead Gas  Amoco Production Co.  Amoco Production Co.					Address (Give address to which approved copy of this form 2325 East 30th St, Farmington M					1401	
If well produces oil or liquids,	Unit	Unit Sec. Twp. Rge.			·   · · · · · · · · · · · · · · · · · ·			?			
give location of tanks.	j F	i	26N	2W	Yes		i	January	28, 19	89	
f this production is commingled with tha	t from any othe	r lease or p	ool, giv	e comming	ling order number:						
IV. COMPLETION DATA					·,····						
Designate Type of Completion	ı - (X)	Oil Well	10	ias Well	New Well   Wo	rkover	Deepen	Plug Back	Same Res'v	Diff Res'v	'
Date Spudded	Date Compl	Ready to	Prod.		Total Depth	J	·····	P.B.T.D.			
•								F.B.1.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	ducing Fo	nnation	·	Top Oil/Gas Pay			Tubing Dep	th		
Perforations								Depth Casing Shoe			
					* <del></del>		·····			•	
HOLEGUE					CEMENTING RECORD			1			
HOLE SIZE	UAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMI		
								<del> </del>		<del></del>	
V. TEST DATA AND REQUE				•							
			of load o	il and must	be equal to or excee			<del></del>	for full 24 ho	urs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure					
ctual Prod. During Test Oil - Bbls.					Water - Bbls.		Gas- MCF				
								<u> </u>			]
GAS WELL										;	
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Condensate/A	1MCF		Gravity of C	ondensate		
Tubing Method (pitot, back pr.)  Tubing Pressure (Shut-in)								 			
				Casing Pressure (Si	nul-in)		Choke Size				
UL OPER LEON CERTIFICA	2 4 672 672				\ <sub>[</sub>		<del></del>	<u> </u>			
VI. OPERATOR CERTIFIC	=			CE		CON	SFRV	ATION	DIVISI	ON	
I hereby certify that the rules and regularities Division have been complied with an											
is true and complete to the best of my					Data An	nrovac	. A	IPR 05	1989		
100 1					Date in priority						
e 15 Dougles					Original Signed by FRACK T. CHAVEZ						
Signature C. B. Douglas	O <sub>Dist. A</sub>	Vàmin.	Supv	7.							
Printed Name			Title		Title		SUPERVISOR	district 🧟	3		
April 5, 1989	(505)										
Date		reiel	ohone N	u.	[]					1	

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.