District 1 PO New 1980, Hubbs, NN1 88241-1980

State of New Mexico

Form C-101 ick

Previous Operator Signature

District II	B f and t ozen	_				2 Debuttment		Rev	ised February 21, 1994 Instructions on back	
PO Drawer DD, Artwis, NAI 88211-0719 OIL				L CONSERVATION DIVISION PO Box 2088				Submit to Appropriate District Office		
1000 Rlo Brazos Rd., Astec, NM 87410 Santa Fe, NM						-2088		5 Copies		
10 Box 2088, Santa Fe, N	N1 87504-2088						AMENDED REPORT			
1. 1	1. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT									
Amas Production Company						OGRID Number				
P.O. Box		ompany	/				000778			
Denver, Co							Remon for Filing Code			
'Al'I Number		·····				NW				
			basin Dahota				'Pool Code			
Property Code			Property Name				1599 'Well Number			
000358 Canvon									(oE	
	Location		t				······································			
Ul or lot uv. Section	Tawnship	Range	Lot.Idu	Feet Iron		North/South Line	Feet from the	East/Wes	t line County	
L	25N	11W		1190	ا ر	FSL	820	FU	L Son Lan	
" Bollom	Hole Loca	Range	-	1			,			
DIS	25N	11w	Lot Idn	Feet from		North/South line		Exi/Wes	()	
	ing Method Cod	- 	Connection Dat		119 Permit	· · · · · · · · · · · · · · · · · · ·	" C-129 Effective	IFW	" C-129 Expiration Date	
	F					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C-12) Lintellye	1/416	C-119 Exparation Date	
III. Oil and Gas	Transport	ers			,	<u>-</u>		l_		
Transporter OGRID		Fransporter N			" POI) 11 O/G		ziu doi "	TR Lucation	
	CONM	and Address	<u> </u>			-/		and De	scription	
008503	<i>3</i> 0 · · · ·			Sasan	X / S 2	67 C				
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				300000		00000000000000000000000000000000000000	回島(JEII	AIBIM	
				1 1			<u> </u>	CT 28	1994	
IV. Produced W	ater			'			~ PI-1			
0230650	20213	3268			RIU GOT	TR Location and	Descripto [[]	CON N	···	
V. Well Comple		/X8 /)						DIM.	<u>ਬ</u>	
Spud Date		35 Ready Da	1c		" TT)		" rotu		" Perforations	
8-26-94				(a)	3a'		6132	<	See Attached	
11 Hole Size			salng & Tubing	g Size		" Depth S			" Sacks Cement	
1a.a5"			3.625" 8721			8721	800 sx CLB			
7.875"		1.5"			61321	950 sx 50/50 px (UB				
				······································	_	•			SXTail CLB	
									5x FOR Cap	
VI. Well Test Da			·							
n/A	" Gas Del	ivery Dute	t ³⁴ Tes		1	Test Length	" Thg. Pr	casure	" Cag. Pressure	
" Choke Size		Dil	10-8-94 "Water			34hrs	1		460 bei	
64/64	trace		trace		181	6 mcf	70.	ı.	4 Test Method	
* I hereby certify that the rules of the Oil Conservation Division have been complied										
with and that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION										
La Carta de la Car						Approved by:				
Printed name: Sensiver A. Broderich						Title: SUPERVISOR DISTRICT #3				
						Approval Date: OCT 2 0 1994				
Date: Phone: (303) 830-5576										
" If this is a change of operator fill in the OGRID number and name of the previous operator										

Printed Nume

Title

Date

May Maylon Oll Co

	New Mexico Oil Co C-104 in	onservation structions	Division		
IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT			The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)		
Report all gas volumes at 15.025 PSIA at 60°. Report all oll volumes to the nearest whole barrel.		23.	The POD number of the storage from which water is moved		
A request for allowable for a newly drilled or despensed well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.			from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.		
All sections of this form must be filled out for allowable requests on new and recompleted wells.			The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)		
Fill out only sections 1, 11, 111, IV, and the operator certilications for changes of operator, property name, well number, transporter, or other such changes.			MO/DA/YR drilling commenced		
A separate C-104 must be filed for each pool in a multiple completion.			MO/DA/YR this completion was ready to produce		
			Total vertical depth of the well		
Improperly filled out or incomplete forms may be returned to operators unapproved.			Plughack vertical depth		
1.	Operator's name and address	29,	Top and bottom perforation in this completion or casing shoe and TD if openhole		
2.	Operator's OGRID number. If you do not have one it will be	зò.	Incide diameter of the well bore		
2	assigned and lilled in by the District office.	31.	Outside diameter of the casing and tubing		
NW		32.	Depth of casing and tubing. If a casing liner show top and		
**	RC Recompletion CII Change of Operator		bottom.		
AG CG RT	CO Change oil/condensate transporter	33.	Number of sacks of cement used per casing string		
	AG Add gas transporter CG Change gas transporter	The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.			
	requested) If for any other reason write that reason in this box.	34.	MO/DA/YR that new oil was first produced		
4.	The API number of this well	35.	MO/DA/YR that gas was first produced into a pipeling		
წ .	The name of the pool for this completion	36.	MO/DA/YR that the following test was completed		
6.	The pool code for this pool	37.	Longth in hours of the test		
7.	The property code for this completion	38.	Flowing tubing prossure - oil wells Shut-in tubing prossure - gas wells		
8.	The property name (well name) for this completion	39.	Flowing casing pressure - oil wells		
9.	The well number for this completion		Shut-in casing pressure - gas wells		
10.	The surface location of this completion NOTE: If the United States government survey designates a Lot Number	40. 41.	Diameter of the choke used in the test		
	for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.	42.	Barrels of oil produced during the test		
11.	The bottom hole location of this completion	43.	Barrols of water produced during the test		
12.	Lease code from the following table:	44.	MCF of gas produced during the test		
	F Federal S State	45.	Gas well calculated absolute open flow in MCF/D The method used to test the well;		
	P Faa Jicasilla	43.	F Flowing P Pumping		
	N Navajo U Ute Mountain Ute		S Swahbing If other method please write it in.		
	Other Indian Tribe	46.	The signature, printed name, and title of the person		
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift	,,,,	authorized to make this report, the data this report was signed, and the telephone number to call for questions about this report		
14.	MO/DA/YR that this completion was first connected to a gas transporter	47.	The previous operator's name, the signature, printed name, and title of the previous operator's representative		
15.	The permit number from the District approved C-129 for this completion		authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person		
16.	MO/DA/YR of the C-129 approval for this completion				
17.	MO/DA/'/R of the expiration of C-129 approval for this completion				

18.

19.

20.

21.

The gas or oil transporter's OGRID number

Product code from the following table:
O Oil
G Gas

Name and address of the transporter of the product

The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.