Submit 5 Copies
Appropriate District Office
DISTRICT J
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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Antesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

i .	TO	TRANS	SPORT OIL	AND NA	FURAL GA	15	bt Ma			
Operator Amoco Production Company					Weil API No. 3004526551					
Address										
1670 Broadway, P. O.	-	Denver	, Colorado		r (Please expla	ia)				
Reason(6) for Filing (Check proper box, New Well		ange in Tra	nsporter of:	[it (r reast expre	,				
Recompletion	Oil	Dry	y Gas							
Change in Operator	Casinghead G									
f change of operator give name	nneco Oil	E & P,	6162 S. V	Villow,	Englewoo	d, Color	ado 80	155		
I. DESCRIPTION OF WEL	L AND LEASI	E			-					
Lease Name SCHWERDTFEGER A LS	201		ol Name, Includia ANCO (MESA				FEDERAL		Lease No. SF079319	
Location Unit Letter	2020	Fee	FSI et From The	[Lin	1520	Fe	et From The	FEL	Line	
Section 8 Town	ship ^{27N}	27N Range ^{8W}			, NMPM, SAN J			UAN County		
III. DESIGNATION OF TRA	NSPORTER (OF OIL	AND NATU	RAL GAS		• • • • • • • • • • • • • • • • • • • •		Same is to be se		
Name of Authorized Transporter of Oil or Condensate X				Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1429, BLOOMFIELD, NM 87413						
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) P. O. BOX 1492, EL PASO, TX 79978						
If well produces oil or liquids, give location of tanks.	Unit So	Sec. Twp. Rge. Is gas actually connected?				When	nes ?			
If this production is commingled with the	nat from any other I	case or poo	l, give commingl	ing order num	ber:					
IV. COMPLETION DATA	t	Dil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		M WEII	025 (101)	1		1		<u>. </u>	<u>i </u>	
Date Spudded	Date Compl. I	Ready to Pro	od.	Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				<u> </u>			Depth Casin	ng Shoe		
	TUI	BING, CA	ASING AND	СЕМЕНТІ	NG RECOR	D	!			
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
							J			
V. TEST DATA AND REQU	EST FOR AL	LOWAB	LE load oil and must	he equal to o	exceed top all	owable for thi	s depth or be	for full 24 hou	vs.)	
OIL WELL (Test must be aft Date First New Oil Run To Tank	Date of Test	votarie by i	Day on Gran made	Producing M	ethod (Flow, p	ump, gas lýt,	etc.)	<u> </u>		
Length of Test	Tubing Pressure			Casing Press	ure		Choke Size	Choke Size		
igui or rest							C-F NCE			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL								<u></u>		
Actual Prod. Test - MCF/D	Length of Tes	1		Bbls. Condensate/MMCF			Gravity of Condensate			
lesting Method (puot, back pr.)	Tubing Press.	ire (Shut-in))	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIF	ICATE OF C	OMPL	IANCE		011 001	JOEDY	ATION	DIVISIO		
I hereby certify that the rules and re	gulations of the Oi	I Conservat	ion	! '	OIL COI	NOEHV	AHON	אפועוט	J14	
Division have been complied with a is true and complete to the best of the			20076	Date	Approve	ad M	AY 08 1	၂၅၉၀		
		_		Dali	a whhing	~H	/	/		
J. J. Hampton					By But) Chang					
Significant Significant Suprv. Staff Admin. Suprv.					SUPERVISION DISTRICT #,8					
Printed Name Janaury 16, 1989		T 303-83	ille 0-5025	Title)			·		
Date			one 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.