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

State of them 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, Artesia, NM 88210

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aziec, NM 87410					BLE AND AUTHO AND NATURAL					
Operator	ANDIATORAL	Well API No.								
Amoco Production Comp		8								
Address P. O.Box 800, Denver,	Color	ado 80	201							
Reason(s) for Filing (Check proper box)		100 00	201		Other (Please e	explain)	<u> </u>			
New Well		Change in	-	()						
Recompletion	Oil Curinubar	ad Gas 🔲	Dry G							
f change of operator give name	Castrigues	10 048 [_]	Conoc	IISAIC (A)						
und address of previous operator										
II. DESCRIPTION OF WELL	AND LE	7	15	1 1 1		W:		1	NI.	
Omler A	Well No. Pool Name, Including 4 Basin - D				=	of Lease , Federal or Fee	<u> </u>			
Location	,		1		Janoua			<u> </u>		
Unit LetterM	_ :990)	Feet F	rom The Se	outh Line and 9	990 1	cet From The	West	Line	
0.5	001			7011	•	_			_	
Section 25 Townshi	ip 28N		Range	10W	, NMPM, Sa	in Juan			County	
III. DESIGNATION OF TRAN	SPORTI	ER OF O	IL AN	JTAN GR	JRAL GAS					
Name of Authorized Transporter of Oil or Condensate X						Give address to which approved copy of this form is to be sent)				
CONOCO Name of Authorized Transporter of Casinghead Gas or Dry Gas					P. O. Box 1429, Bloomfield, NM 87413 Address (Give address to which approved copy of this form is to be sent)					
Sunterra Gas Gathering Company					· ·		querque, NM 87125			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge						
give location of tanks.	_l	ļ	l	<u> </u>	<u> </u>					
If this production is commingled with that IV. COMPLETION DATA	from any of	her lease or	pool, g	ive commin	gling order number:					
		Oil Well	1	Gas Well	New Well Workov	er Deepen	Plug Back S	ame Res'v	iff Res'v	
Designate Type of Completion			i_		<u> </u>	i	<u>i i i i i </u>	i_		
Date Spudded	Date Con	ipl. Ready to	Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Fornation					Top Oil/Gas Pay		Tubing Denth	Tubing Depth		
						Tuomig Deput	wehm			
Perforations							Depth Casing	Shoc		
				1210 4215	OCA (CATCIALO DEC	2000			·	
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH:	SA	SACKS CEMENT			
HOLE GIZE	-	101110 0 11	001110	OILL .		<u> </u>		IONO OCIMEN		
				·		<u></u>				
	-								. ,,,,,,	
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLI	<u> </u>			न का	10 5 1 V	151	
OIL WELL (Test must be after					st be equal to or exceed to			r Juli 24 hours.)		
Date First New Oil Run To Tank	Date of T	est			Producing Method (Flo	w, pwnp, gas lift		EB1 5 199	30	
Length of Test	Tubing Pr	ressire			Casing Pressure		Choke Size			
						OIL	CON.	עוע		
Actual Prod. During Test	I Prod. During Test Oil - Bbls.				Water - Bbls.	Gas- MCF	Gas- MCF DIST. 3			
				<u></u>	<u> </u>					
GAS WELL Actual Prod. Test - MCI7D		772			Thus control or way	`r.	Transmire.	adans t		
ACIUM FIOG. 1681 - MICI/D	Length of Test				Bbls. Condensate/MMC	Gravity of Co	Gravity of Condensate			
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		Clioke Size	Clioke Size		
								····		
VI. OPERATOR CERTIFIC				NCE		ONCED!	/ATION F	MAISION	J	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION					
is true and complete to the best of my		_		. •	Date Appro	have	FEB 15 1	9 9 0		
Aut -					Date Apple	_	Λ			
Signature	 	;			Ву	3.	1) Oh			
R. L. Hiatt, S	r. Staf	f Adm.		r.		SUPE	RVISOR DIS	TRICT #4	l .	
Printed Name 2-13-90	(30:	3) 830-	Title 5521		Title					
Date			chhous	No.	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.