Submit 5 Copies
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

OIL CONSERVATION DIVISION

| DISTRICE II P.O. Drawer DD, Artesia, NM 88210 | | ox 2088 | |
|---|--|--|-------------------------------------|
| DISTRICT III 1000 Rio Brans Rd , Aziec, NM 87410 | | exico 87504-2088 | • |
| I. | | BLE AND AUTHORIZATION AND NATURAL GAS | |
| Operator Amoco Production Comp | oanv | | 1 API No. 4524117 |
| Address | Box 800, Denver, Colorad | | 73274.1 |
| Reason(s) for Liling (Check proper box) | | Other (Please explain) | |
| New Well Recompletion | Change in Transporter of: Oit Dry Gas | | |
| Change in Operator No. | Casinghead Gas Condensate | | |
| and address of previous operator Ter | meco Oil E & P, 6162 S. | Willow, Englewood, Col | orado 80155 |
| H. DESCRIPTION OF WELL | | an Europian | Lease No. |
| COLE A | Well No. Pool Name, Include 1E BASIN (DAKO | | ERAL SF079508 |
| Location | | | |
| Unit LetterI | : 1750 Feet From The FS | L Line and 890 | Feet From The FEL Line |
| Section 35 Townsh | nip 28N Range 10W | , NMPM, SAN | JUAN County |
| | NSPORTER OF OIL AND NATU | RAL GAS Address (Give address to which approv | ed capy of this form is to be sent) |
| Name of Authorized Transporter of Oil GIANT REFINING (ST | or Conochsate | P. O. BOX 256, FARMING | |
| Name of Authorized Transporter of Casi | nghead Gas 🔲 or Dry Gas 💢 | Address (Give address to which approved copy of this form is to be sent) | |
| SUNTERRA GAS GATHERING | | P. O. BOX 1899, BLOOM | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. Twp. Rge. | is gas actually connected? Wh | en / |
| If this production is commingled with tha | t from any other lease or pool, give comming | ling order number: | |
| IV. COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Res'v Diff Res'v |
| Designate Type of Completion | | i i i | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth |
| Perforations | | 1 | Depth Casing Shoe |
| | TUBING, CASING AND | CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | _ | | |
| | | | |
| V. TEST DATA AND REQUI | ST FOR ALLOWABLE | | |
| OIL WELL (Test must be after Date First New Oil Run To Tank | Pate of Test | Producing Method (Flow, pump, gas lij | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas- MCF |
| GAS WELL | | <u> </u> | |
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |
| VI. OPERATOR CERTIFIC | _ CATE OF COMPLIANCE | OIL CONSER | VATION DIVISION |
| 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 knowledge and belief. | | Date Approved MAY 08 1999 | |
| 1 1 26 ot. | | But dead | |
| Signiure J. Hampton | | By SUPERVISION DISTRICT # 3 | |
| J. L. Hampton Sr. Staff Admin Supry. | | Title | ATOTOM DISTRICT & D |
| Janaury 16, 1989 | 303-830-5025 Telephone 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.