Submit 5 Copies Appropriate District Office DISTRICT1 P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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 2)88

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

i.		IO IHA	INSI	POHIC	JIL AN	ND NATURAL G					
Operator Amoco Production Company						Well API No.					
Address						B004524912					
1670 Broadway, P. O.	Box 800,	Denv	er,	Color	ado	30201					
Reason(s) for Ulling (Check proper box) New Well		Channa in	т			Other (Please exp	lain)				
Recompletion [_]	Oil	Change in	Dry (1						
Change in Operator X	Casinghead										
If change of operator give name and address of previous operator Ter	neco Oil	E & 1	P, 6	5162 S	. Wil	ow, Englewoo	nd Cole	orado 8	0155		
IL DESCRIPTION OF WELL							<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>	0133		
Lease Name			Pool I	Name, Incl	uding Fo	o mation				Lease No.	
MICHENER	ZE BASIN (DAKO				(ATO)		FEDE	FEDERAL		78096	
Location Unit Letter B	. 790			T	TMI	1670-					
Unit Letter	- : 		Feet f	From The .	. M.T.	Line and 1670	1820	cet From The	FEL	Line	
Section 33 Townsh	_{ip} 28N		Range	9W		, NMPM,	SAN	TUAN		County	
III. DESIGNATION OF TRAI	SPARTER	OFOL	LAR	UD NAT	TIDAT	CAC					
Name of Authorized Transporter of Oil		or Condens		TO INAL		1 85 (Give address to w	hich approve	d copy of this	form is to be	seni)	
GIANT REFINING					<u>. P. c</u>	P. C. BOX 256, FARMINGTON, NM 87499					
Name of Authorized Transporter of Casinghead Gas] Add	ss (Give address to w	hich approve	copy of this form is to be sent)			
If well produces oil or liquids.	- :	Sec.	Twp.	P.		BOX 1492,	EL PASC		9978		
rive location of tanks.	ii_		• р.	. ``		r actually connected?	I when	4 7			
f this production is commingled with that	from any other	r lease or p	ool, gi	ive commi	ngling or	der number:					
V. COMPLETION DATA	·-· ₁	Oil Well		Gas Well	1 57.			1-1			
Designate Type of Completion	- (X)	Well	j	Oas Well	1 1/16	w Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spaukled	Date Compl.	Ready to	Prod.		Total	Depth .	<u> </u>	P.B.T.D.	ł		
Elevations (DF, RKB, RF, GR, etc.) Name of Froducing Formation					Ton (VGas Pay					
								Tubing Depth			
'extra ations								Depth Casin	g Shoe		
· · · · · · · · · · · · · · · · · · ·		ining a									
HOLE SIZE	TUBING, CASING AND CE CASING & TUBING SIZE				CEM	DEPTH SET			SACKS CEMENT		
	ONOMO & TOURNO SIZE			-							
					-	·· ·····					
. TEST DATA AND REQUES	T FOR AL	LOWA	BLE		L			J			
OL WELL (Test must be after r.					st be equ	al to or exceed top allo	wable for thi	s depth or be f	or full 24 hou	vs.)	
Date First New Oil Run To Tank	Date of Test					eng Method (Flow, pu					
ength of Test	Tubing Pressure			Casin	Casing Pressure			Choke Size			
						,		CHOICE BILL			
ictual Prod. During Test	Oil - Bbls.		_		Water	Bbls.		Gas- MCF			
140 WPL 1	l <u> </u>				_l			J			
JAS WELL cliud Prod. Test - MCF/D	Length of Tes				T13664.			7 44 7 7 7 7 7 7 4 4 4			
The real factor	Lengui or Tex				Bois.	Condensate/MMCF		Gravity of C	ondensate		
sting Method (pitot, back pr)	Tubing Pressu	re (Shut in	j		Casing	Pressure (Shul-in)		Choke Size			
	I							<u> </u>			
I. OPERATOR CERTIFICA				ICE		OIL CON	SERVA	MOLTA	אואופור	161	
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 1000					
Chi of Hamoton					'						
Signature J. alampian						By But Chang					
J. L. Hampton Sr. Staff Admin. Suprv.						8	UPERVIS	ION DIS	TRICT #	3	
Pointed Name Janaury 16, 1989	3	т 303-83	ille 0-5(025		1 itle					
Date		Teleph									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be ac companied 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 rame or number, transporter, or other such changes.
- 4) Separate Form C 104 must be filed for each pool in multiply completed wells.