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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**

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Hazus Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

|  | REQ   |               |              |         |  | LE AND<br>AND NA   |                            |       |              |                       |                    |             |  |
|--|---|---------------|--------------|---------|--|--|----------------------------|-------|--------------|-----------------------|--------------------|-------------|--|
| Operator Amoco Production Company  |   |               |              |         |  |  | Well API No.<br>3004526581 |       |              |                       |                    |             |  |
| Address<br>1670 Broadway, P. O.  |   | ). Denv       | er.          | Co      | lorad  | o 80201  |                            |       | 155.77       |                       |                    |             |  |
| Reason(s) for Filing (Check proper box)  |   | , 50.1.       | .,           | , 00    |  |  | er (Please                 | expla | iin)         |                       |                    |             |  |
| lew Well   |   | Change in     | n Tran       | nsporte | er of:   | J  | •                          | •     | •            |                       |                    |             |  |
| ecompletion []   | Oil   | []            | Dry          | Gas     |  |  |                            |       |              |                       |                    |             |  |
| hange in Operator  | Casinghe  | ad Gas 🔲      | ] Con        | iden sa | ile 📋  | •  |                            |       |              |                       |                    |             |  |
| change of operator give name d address of previous operator                    | neco Oi   | 1 E &         | Ρ,           | 616     | 2 S.   | Willow,  | Englev                     | 700   | d, Colo      | rado 8                | 0155               |             |  |
| . DESCRIPTION OF WELL  | AND LE  |               | .,           |         |  |  |                            |       |              |                       | <del></del> .      |             |  |
| case Name  | Well No. Pool Name, Includ                        |               |              |         |  |  |                            |       |              | DAT                   | Lease No. SF077106 |             |  |
| LACKEY B LS  | 12A OTERO (CHAC                                   |               |              |         |  | RA) FEDER  |                            |       |              | KAL                   | SFU/               | /106        |  |
| Ocation Unit LetterN   | _ :10   | )30           | _ Fed        | t Fron  | n The FS   | LLin   | and 198                    | 35    | Fe           | et From The           | FWL                | Line        |  |
| Section 21 Township 28 N   |   |               |              |         | 1  | , NMPM, SAN JI   |                            |       |              | UAN County            |                    |             |  |
| II. DESIGNATION OF TRAI  | NSPORTE   | ER OF O       | IL A         | AND     | NATU   | RAL GAS  |                            |       |              |                       |                    |             |  |
| lame of Authorized Transporter of Oil  | [77   | or Conde      |              | fν      |  |  | e address i                | o wh  | ich approved | copy of this          | form is to be s    | eni)        |  |
| CONOCO   |   |               |              |         |  | 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) |                            |       |              |                       |                    | ent)        |  |
| EL PASO NATURAL GAS CO   | la la la  |               |              |         | P. O. BOX 1492, EL PASO, Is gas actually connected? When a |  |                            |       |              | 9978                  |                    |             |  |
| f well produces oil or liquids,<br>ve location of tanks.                       | ] Unit  | S∞c.          | Twp          | բ  <br> | Rge.   | is gas actuall   | y connecte                 | o f   | When         |                       |                    |             |  |
| this production is commingled with that V. COMPLETION DATA                     | from any ou                                       | her lease or  | pool,        | give    | commingl   | ing order num  | ber:                       |       |              |                       |                    |             |  |
| Designate Type of Completion   | - (X)   | Oil Well      |              | Ga      | s Well   | New Well   | Workove                    | r     | Deeperi      | Plug Back             | Same Res'v         | Diff Res'v  |  |
| Date Spackled  | Date Compl. Ready to Prod.                        |               |              |         |  | Total Depth  |                            |       |              | P.B.T.D.              |                    |             |  |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation                  |   |               |              |         |  | Top Oil/Gas Pay  |                            |       |              | Tubing Depth          |                    |             |  |
| erforations  | _L  |               |              |         |  | I  |                            |       |              | Depth Casi            | ng Shoe            |             |  |
|  | ;   | TUDING        | CA           | CINI    | CAND   | CEMENT   | NC DEC                     | OD    |              | <del></del>           |                    |             |  |
| HOLE SIZE  | TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE |               |              |         |  | DEPTH SET  |                            |       |              |                       | SACKS CEMENT       |             |  |
| HOLE SIZE  | 11000 5/20  |               |              | 0 0,2   | - <u>-</u>   | JET III JET  |                            |       |              |                       |                    |             |  |
|  |   |               |              |         |  |  |                            |       |              | :                     |                    |             |  |
|  |   | <del></del>   |              |         |  |  |                            |       |              | ,                     |                    |             |  |
|  |   |               |              |         |  |  | -                          |       |              |                       |                    |             |  |
| . TEST DATA AND REQUE  |   |               |              |         |  |  |                            |       |              |                       |                    |             |  |
| IL WELL (Test must be after  |   |               | of loc       | ad oil  | and must   |  |                            |       |              |                       | for full 24 hou    | <u>vs.)</u> |  |
| tate First New Oil Run To Tank   | Date of Test                                      |               |              |         |  | Producing Method (Flow, pump, gas lýt, etc.)                             |                            |       |              |                       |                    |             |  |
| ength of Test  | Tubing Pressure                                   |               |              |         |  | Casing Pressure  |                            |       |              | Choke Size            |                    |             |  |
| citial Prod. During Test   | Oil - Bbls.                                       |               |              |         |  | Water - Bbls.  |                            |       |              | Gas- MCF              |                    |             |  |
| GAS WELL   | _1  |               |              |         |  | <del> </del>   |                            |       |              | <u> </u>              |                    |             |  |
| Actual Prod. Test - MCF/D  | Length of Test                                    |               |              |         |  | Bbls. Condensate/MMCF  |                            |       |              | Gravity of Condensate |                    |             |  |
| esting Method (pilot, back pr.)  | Tubing Pressure (Shut-in)                         |               |              |         |  | Casing Pressure (Shut-in)  |                            |       |              | Clioke Size           |                    |             |  |
| 'I. OPERATOR CERTIFIC  | . <br>'ATE OF                                     | COMI          | <br>Y 14     | ANC     | `E   |  |                            |       |              | L                     |                    |             |  |
| I hereby certify that the rules and regularisis on have been complied with and | lations of the                                    | Oil Consci    | rvatio       | n       |  |  | OIL C                      | NC    | ISERV        | ATION                 | DIVISIO            | NC          |  |
| is true and complete to the best of my   | knowledge a                                       | und belief.   |              |         |  | Date   | Appro                      | ve    | din          | 4Y-0-8-4              | 000                |             |  |
| ( 1 1 1/2 m  | ota   |               |              |         |  |  | • •                        |       | 1411         |                       |                    |             |  |
| Signature . O 1000   | go con  | · · · · · · · |              |         |  | ∥ By_  |                            | _     | 3-1          | . Oh                  | {                  |             |  |
| J. L. Hampton S  | r. Staf   | f Admi        |              |         | rv   | 11   |                            | æ     | UPERVI:      | SION DIS              | TRICT #            | 8           |  |
| Funted Name<br>Janaury 16, 1989  |   | 303-          | Tide<br>830: |         | 25   | Title  |                            |       |              |                       | · ·- · · · ·       |             |  |
| Date   |   |               | cphon        |         |  | 11   |                            |       |              |                       |                    |             |  |
|  |   |               |              |         |  | 11   |                            |       |              |                       |                    |             |  |

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.