District I PO Box 1980, Hobbs, NM 88241-1980

District II 811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe. NM 87505

OIL CONSERVATION DIVISION

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

2040 South Pacheco Santa Fe, NM 87505 ☐ AMENDED REPORT

1.	1	REQUES	T FOR A	LLOWA	BLE A	ND AU	JTHOF	RIZAT	TON TO T	RANS	PORT	•		
Operator name and Address AMOCO PRODUCTION CO										OCRID Number				
P. O. BOX 800									000778 3 Reason for Filing Code					
		DENVE	R, COLO	RADO 8	0201						or ruing	Code		
*API Number Basin Fruitland Co							5 Pool Name					RC Pool Code		
			Basin		:		71629							
2038	roperty Cod	e	Co110	20.0 Co	Property No	me			* Well Number					
		Location		gos Cany	T.C.				14					
Ul or lot no.	Section	Township	Runge	unge Lot.ldn Feet fro		om the North/South Line			Feet from the	I Fuel/W	East/West line Coup			
М	26 28N 12W			660 South			660	Wes	l	County				
11 Bottom Hole Lo		Hole Lo	cation					Jucii	000	I wes	- 1	San Juan		
UL or lot no.	r lot no. Section Township		Range	Range Lot Idn F		om the	North/South line		Feet from the	n the East/West li		County		
¹² Lise Code F	13 Produc	ing Method (Code 14 Gas	Connection Da	le 15	C-129 Perm	it Number	1	* C-129 Effective	9 Effective Date		29 Expiration Date		
III. Oil a	nd Gas	Transpo	rters								···			
"Transporter OGRID			Transporter Name and Address			24 POD 21 O/G			22 POD ULSTR Location					
9018		i D				175	7 1			and D	escription	1		
9016		iant ke: .O. Box	fining Co 12999	· .	28	175) I	0						
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V. Produ	ced Wa	ıter								- MA	<u>Y 2 2</u>	1996		
23 }	do			·····		¹¹ POD UL	STR Locati	on and D	escription (DAIL (CON	l. DIV.		
281		<u> </u>					_			1		7.23 30 कि∏ (}0		
V. Well (Date	T			27 TD			· · · · · ·						
9/23/52		[² Ready Date2/27/96				и рвд		2º Perforat					
31 Hole Size			/27/96 1630 Tubing Size			1584 ' Depth Se			1564-158	0'	жен			
12.25"			9.625"			86			, 5	0 sx r	Sacks	Cement		
7.875"			7.000"			1585				- Joseph Market				
			2.375" tubing						30'		sx neat			
								1500	<u> </u>					
	Гest Da	ta	<u> </u>	· · · · · · · · · · · · · · · · · · ·					<u> </u>					
³⁵ Dute New Oil		3 Gas D	clivery Date				Test Len	gth	3º Tbg. Pre	ssure	re ⁴⁴ Csg. Pressure			
ALC: 1	0:		2/20				24 hrs					17		
4 Chuke Size 3/8"		42 Oil O		4) Water		" Gas			45 AOF	7	" Test Method			
I hereby certify that the rules of the Oil (Onservation Division have been comm			98					Р				
vith and that the nowledge and be	information	given above is	s true and comp	lete to the best of	of my		OII	CON	ISERVATIO	IG NC	VISIO	N		
ignature:) H.	9Vn	00000			Approved	by:							
Patty Haefele							ORIGINAL SIGNED BY ERNIE BUSCH Title: OFFILTY OF GLOSS WATER							
ille:							DEPUTY OIL & GAS INSPECTOR, DIST. #3							
Staff Assistant Date: 5/20/96 Phone: (303) 830-4988								<u> </u>	NZ4 13	70				
If this is a cha		ator fill in th	(3)			ious operator	r							
	·					\	•							
	Previous O	perator Signa	lure		-	Printed	Name	·············		Title		Dute		

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator (Include the effective date.)

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 AG Add gas transporter

 CG Change gas transporter

 RT Request for test allowable (Include volume requested)

 If for any other reason write that reason in this box.

- 4. The API number of this well
- 5. The name of the pool for this completion
- The pool code for this pool
- 7 The property code for this completion
- R The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State 12.

 - Jicarilla
 - NN
 - Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table:
- Flowing
 Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table:
 O Oil
 G Gas 21.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25 MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- 34. Number of sacks of cement used per casing string

If the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/YR that the following test was completed 37.
- Length in hours of the test 38
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:
 - Flowing

 - P Pumping
 S Swabbing
 If other method please write it in.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions 47. signed, and the about this report
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 48.