Submit 5 Copies
Appropriate District Office
DISTRICT I
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

DISTRICT.II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICTUM		S	anta Fe	e, New	Me	exico 8750	4-2088					
List Rio Brazos Rd , Aziec, NM 87410	REQ					BLE AND A						
perator							Well API No.					
Amoco Production Company							3004523976					
Address 1670 Broadway, P. O. 1	Box 800), Denv	er,	Color	ade							
Reason(s) for Filing (Check proper box)		Change i	a Transn	orter of:		U Othe	t (Please expl	ain)				
New Well Recompletion Change in Operator	Oil Casinghe		Dry G	as []							
If change of operator give page	_ _				. [Willow, 1	Englewoo	d, Colo	rado 80	155		
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name	Well No. Pool Name, Including						- 1			Lease No.		
FLORANCE Location		[119 BASIN (DAKOTA)							RAL	SF080	1246	
Unit Letter A	: 10)85	_ Fect F	rom The	FN	L Line	and 800	Fc	et From The _	FEL	Line	
Section 22 Township										County		
							72.77					
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
GIANT REFINING						P. O. BOX 256, FARMINGTON, NM 87499						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X EL PASO NATURAL GAS COMPANY						Address (Give address to which approved copy of this form is to be sent) O. BOX 1492, EL PASO, TX 79978					u)	
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.	R	ge.	is gas actually		When		2,70		
I this production is commingled with that IV. COMPLETION DATA	from any ot	her lease or	pool, gi	ve comm	ingli	ing order numb	er:					
·	····	Oil Wel	1	Gas Well	t	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl. Ready to Prod.					Total Depth		1	P.B.T.D.		L	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas P	ay		Tubing Depth			
Perforations									Depth Casing Shoe			
		TUDING	CASI	NC AN	JD.	CEMENTER	IC DECOR	<u> </u>	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
and the second second												
]			
V. TEST DATA AND REQUES OIL WELL, (Test must be after r.					musi	he equal to or	exceed top all	awable for this	s depth or be f	or full 24 how	s.)	
Date First New Oil Run To Tank						be equal to or exceed top allowable for this depth or be for full 24 hows.) Producing Method (Flow, pump, gas lýt, etc.)						
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
CACAPITI	l								J			
GAS WELL Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
lesting Method (pitot, buck pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Cloke Size				
VI OPERATOR CERTIFIC	ATE O	E COM	PLIAN	NCF		ļ _[
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby 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 0.8 1989						
J. L. Hamston						7.12						
J. L. Hampton Sr. Staff Admin. Suprv.						SUPERVISION DISTRICT # 3						
Printed Name Title Janaury 16, 1989 303-830-5025						Title						
Date			cphone I		-							

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.