Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New 1 Energy, Minerals and Natural 1

: 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 Brazas Rd , Aziec, NM 87410	REQUEST F	OR ALLOWA	BLE AND	AUTHORI	ZATION				
I.		ANSPORT OF			AS				
Operator					Well API No.				
Amoco Production Compa					3004	522023			
1670 Broadway, P. O. I	Box 800, Den	ver, Colorac							
Reason(s) for liling (Check proper box)	-		∐ Оф	et (Please expl	ain)				
New Well	- t	in Transporter of: Dry Gas						ľ	
Recompletion	Oil L. Casinghead Gas								
I control of the cont	neco Oil E &		Willow,	Englewoo	d, Color	ado 801	55		
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name	Well No	4						tase No.	
LAWSON	1A	1A BLANCO (MESAVERDE)			FEDERAL SF080112				
Location Unit Letter	1835	Feet From The F	NL Lin	e and 1060	Fo	et From The _F	WL	Line	
Section 10 Townshi	_p 30N	Range 8W		мрм,	SAN JI			County	
III. DESIGNATION OF TRAN		DIL AND NATI	IRAL GAS						
Name of Authorized Transporter of Oil	or Cond		Address (Giv	e address to w	hich approved	copy of this form	n is to be se	ni)	
HINE OF Authorized Transporter of Casinghead Gas or Dry Gas			Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1899, BLOOMFIELD, NM 87413					nt)	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge	Is gas actually connected? When			7			
If this production is commingled with that IV. COMPLETION DATA	from any other lease of	or pool, give comming	gling order num	ber:					
	Joil W	ell Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res v	Diff Res'v	
Designate Type of Completion		_,		1	1	ļ <u> </u>		_L	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth			P.B.T.D.			
Lievations (DF, RKB, RT, GR, etc.)	Name of Producing	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations	-L	. I				Depth Casing Shoe			
	TUBING	G, CASING AND	CEMENTI	NG RECOR	RD	<u> </u>			
HOLE SIZE	CASING &	DEPTH SET			SACKS CEMENT				
			_						
V. TEST DATA AND REQUE	 er god all ov	VARI F				J			
OH WELL (Test must be after the Date First New Oil Run To Tank	recovery of total volum	ne of load oil and mu		r exceed top all lethod (Flow, p			full 24 hou	vs.)	
Length of Test	Tubing Pressure	Casing Press	Casing Pressure			Choke Size			
			Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.								
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test	Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (puot, back pr.)	Tubing Piessure (SI	Casing Piesi	Casing Pressure (Shul-in)			Choke Size			
VI. OPERATOR CERTIFIC Thereby certify that the rules and regul				OIL COI	NSERV	ATION D	OIVISIC	NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved MAY 0.8 1989					
J. L. Hampton				3 1) 8					
Suparue J. L. Hampton Sr. Staff Admin. Suprv				SUPERVISION DISTRICT # 3					
Finded Name Janaury 16, 1989 303-830-5025)					
Date	··	clephone No.	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, 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.