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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1	REQ				BLE AND A						
Operator	TO TRANSPORT OIL A					Well API No.					
Amoco Production Comp		3004524918									
1670 Broadway, P. O.	Box 800), Denv	er,	Colorad			· · · · · · · · · · · · · · · · · · ·				
Reason(6) for Filing (Check proper box) New Well		Change in	Trans	morter of	[_] Oth	et (Please expl	ain)				
Recompletion []	Oil	,	Dry								
Change in Operator		ad Gas									
If change of operator give name and address of previous operator. Ten	neco Oi	11 E &	P, (6162 S.	Willow,	Englewoo	d, Colo	rado 80	155		
II. DESCRIPTION OF WELL	AND LE		r . .								
Lease Name BASSETT COM	Well No. Pool Name, Includi 1M BLANCO (MES.							RAT	Lease No. NM003549		
Location	THE PRINTS VIEWS				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>	1 11100	JJ.T.J	
Unit LetterL	_ :15	520	. Feet	From The FS	Line	and 790	Fe	et From The	FWL	Line	
Section 33 Township 30N Range 10W					, NA	ирм,	SAN J	UAN County			
III DECICALATION OF TO A	(CDA)DTI	CD OF O	** A	NID NIATE	DAT CAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	ISPORT	or Conde				e address to w	hich approved	copy of this fo	orm is to be se	ent)	-
CONOCO		X							ELD, NM 87413		
Name of Authorized Transporter of Casinghead Gas					Address (Give address to which approved copy of this form P. O. BOX 1492, EL PASO, TX 799					ent)	
If well produces oil or liquids,	Unit	Sec.	Twp	Rge.	is gas actually		When		310		_
give location of tanks.	1	1	l		 						_
If this production is commingled with that IV. COMPLETION DATA	riom any or	uer icase or	роон,	Rive countille	ing order num	жг:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	Top Oil/Gas Pay			ubing Depth		
Perforations								Depth Casin	g Shoe		-
		TIDING	CAS	SINC AND	CEMENTI	NC PECOE		<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			5	SACKS CEMENT		
		· - · · · · ·									
V. TEST DATA AND REQUES OIL WELL (Test must be after t					the equal to or	arcael top all	aushle for thi	e danth ar he f	for full 24 hou)	
Date First New Oil Run To Tank	Date of To		oj iou	a on ana musi		thod (Flow, p			or jul 14 nou	· · · · · · · · · · · · · · · · · · ·	
								Choke Size			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					I			J			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensale/MMCF			Gravity of Condensate			
because where the second secon				Casing Pressure (Shut-in)			** *** *** *** *** *** *** *** *** ***				
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressu	ire (Shul-in)		Choke Size			
VI. OPERATOR CERTIFIC	ATE O	F COMI	LIA	NCE		211.00	IOEDV	ATIONI			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					1		NOEHV.	ATION I	אפועוט	JIN	
is true and complete to the best of my knowledge and belief.					Date	Approve	d M	AY 08 19	189		
and I st.					Date	whhinae	~ ·	1			
Syptime J. Hampton					By						
J. L. Hampton Sr. Staff Admin. Suprv.						8	UFERVIS	ION DIS	TRICT #	\$	
Printed Name Janaury 16, 1989		303-	Title -830		Title						
Date		Tele	phone	No.	H						

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.