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

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

DISTRICT III

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-39 See Instructions at Bottom of Page

1000 Rio Urazos Rd., Aztec, NM 87410	DEOI	IEST EC	וא פר	1000	BLE AND AUTHOR	IZATION			
Ī.					L AND NATURAL G				
Operator		Well API No.							
Amoco Production Com	- F	3004524918							
Address 1670 Broadway, P. O.	Box 800	. Denve	er. C	Colorac	io 80201				
Reason(s) for Filing (Check proper box)		,			Other (Please exp	lain)			
New Well		Change in		(-					
Recompletion Change in Operator	Oil Carinubas	d Gas	Dry Gar						
16-6									
			, 01	02 5.	Willow, Englewood	od, Colo	rado 8015	i5	
II. DESCRIPTION OF WELI Lease Name	AND LEA		Daal Man		Na Parada			 ;-	
BASSETT COM	1M BASIN (DAK				ling Formation OTA)	Lease No. RAL NM003549			
Location	L						- u 12	1111002	7577
Unit Letter	:15	20	Feet Fro	om The FS	Line and 790	Fe	et From The	₩L	Line
Section 33 Towns	nip 30N		Range 1	ow	, NMPM,	SAN J	UAN		County
HL DESIGNATION OF TRA	NSPORTE	R OF OI	L ANI	D NATU	RAL GAS				
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)				
CONOCO Name of Authorized Transporter of Casinghead Gas					P. O. BOX 1429, BLOOMFIELD, NM 87413				
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) P. O. BOX 1492, EL PASO, TX 79978				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When	<u> </u>		
If this production is commingled with tha				l	<u></u>				
IV. COMPLETION DATA	i nom any oun	er icase or p	ooi, give	e comming	ling order number:				
Designate Time of Completion	(1/2)	Oil Well	G	as Well	New Well Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v
Designate Type of Completion Date Spudded		l. Ready to i			Total Depth	1	<u> </u>		L
THE OFFICE	Date Comp	i. Keady id	riou.		total pepti		P.B.T.D.		
Elevations (DF, RKB, RF, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay		Tubing Depth		
Perforations							Death Carrier C		
							Depth Casing S	106	
TUBING, CASING AND					CEMENTING RECOR				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET	SACKS CEMENT			
	-								
J TEOT INTEL AND DESTIE	CT FOR T	11007	51 F		l		l		
V. TEST DATA AND REQUE OIL WELL — (Test must be after				l and must	be equal to or exceed too allo	awable for this	denth or he for t	full 24 hours	e)
Date First New Oil Run To Tank Date of Test					be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)				
Length of Test	7:1: 5				6		IZS THE BUT		
sengui or resi	lubing ites	Tubing Pressure			Casing Pressure	Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.	Gas- MCF				
GAS WELL									
Actual Prod. Test - MCI/D	Length of Test				Bbis. Condensate/MMCF	Gravity of Condensate			
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)	Choke Size			
A OPERATOR CERTIFIC	'ATE OF	COMPI	IANO	CE.			<u> </u>		
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.									
A A A A A A A A A A A A A A A A A A A					Date ApprovedMAY_0.8_1989				
4. J. Stampton					3				
Sympler J. L. Hampton Sr. Staff Admin. Suprv.					By Sunt Ohen				
Printed Name Title					Title	SUPERVIS	ION DISTR	ICT # 3	3
Janaury 16, 1989		303-83 Telept	10-50 10ne No						

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.