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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 State of New Mexi Energy, Minerals and Natural Resc

partment

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 III 1000 Rio Brazos Rd., Aziec, NM 87410 | REQUEST F | OR ALLOW | ABLE AND AUTHORI | ZATION | <u> </u> | | |
|---|--|--------------------|--|--|-----------------------|------------------|--|
| I. | | | OIL AND NATURAL G | | | | |
| Operator | | | | | Well API No. | | |
| Amoco Production Compa | | B004511059 | | | | | |
| 1670 Broadway, P. O. I | 30x 800, Denv | ver, Colora | | laia) | | | |
| Reason(6) for Filing (Check proper box) New Well | Change is | n Transporter of: | Other (Please expl | ainj | | | |
| Recompletion | | Dry Gas |] | | | | |
| Change in Operator | Casinghead Gas | |] | | | | |
| If change of operator give name and address of previous operator Tenr | neco Oil E & | P, 6162 S. | . Willow, Englewoo | od, Colo | rado 80155 | | |
| II. DESCRIPTION OF WELL | | | | | | | |
| Lease Name | ı | Pool Name, Incl | | - | | Lease No. | |
| SAN JUAN 32-9 UNIT | <u>\$7</u> | BLANCO (ME | SAVERDE) | \$TATE | <u> </u> | STATE | |
| Location Unit LetterH | : 2070 | _ Feet From The F | NL Line and 800 | Fe | et From The FEL | Line | |
| Section ² Township | 31N | RangeW | , NMPM, | SAN JU | JAN | County | |
| III. DESIGNATION OF TRAN | SPORTER OF O | | | | | ., | |
| Name of Authorized Transporter of Oil | Address (Give address to which approved copy of this form is to be sent) | | | | | | |
| Name of Authorized Transporter of Casing EL PASO NATURAL GAS COM | *************************************** | or Dry Gas 🛣 | - | Address (Give address to which approved P. O. BOX 1492, EL PASO. | | | |
| If well produces oil or liquids, give location of tanks. | Unit Sec. | Twp. R | ge. Is gas actually connected? | When | 7 | | |
| If this production is commingled with that I | from any other lease or | r pool, give commi | ngling order number: | | | | |
| 17. COMERTION DATA | l Oil Wel | li Gas Well | New Well Workover | Deepen | Plug Back Same | Res'v Diff Res'v | |
| Designate Type of Completion | | | 1 | 1 | | 1 | |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing F | omation | Top Oil/Gas Pay | Top Oil/Gas Pay | | Tubing Depth | |
| Perforations | | | | | Depth Casing Shoe | | |
| | TURING | CASING AN | D CEMENTING RECOR | 2D | | | |
| HOLE SIZE | CASING & T | £ | | DEPTH SET | | SACKS CEMENT | |
| | | | | | | | |
| | | , | | | | | |
| | | | | | | | |
| V. TEST DATA AND REQUES | TEODATION | ADIE | | | J | | |
| - | | | ust be equal to or exceed top all Producing Method (Flow, p | | | 24 hows.) | |
| | Date of Fea | | | | ., | | |
| Length of Test | Tubing Pressure | | Casing Pressure | | Choke Size | | |
| Actual Prod. During Test | Oil - Bbls. | | Water - Bbis. | | Gas- MCF | | |
| GAS WELL | 1 | | | | 1 | | |
| Actual Prod. Test - MCF/D | Length of Test | | Bbls. Condensate/MMCF | | Gravity of Condensate | | |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shu | d·in) | Casing Pressure (Shut-in) | | Choke Size | | |
| 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 k | - | | Date Approve | ed | MAY DR 1990 | | |
| J. J. Ham | Ву | 3 |) d | | | | |
| Singlure J. L. Hampton Sr. Staff Admin Suprv | | | | SUPERVI | ISION DISTA | ICT # 1 | |
| Printed Name Janaury 16, 1989 Date Title 303-830-5025 Titlephone No. | | | Title | | | | |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.