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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

<u>DISTRICT III</u> 1000 Eio Brazos Rd., Aztec, NM - 87410	REQUEST	OR ALLOWAB	ILE AND AUTHORIZ	ATION	
i .			AND NATURAL GA	\$	
Operator D			Well API No.		
Amoco Production Com	pany			3004511773	
1670 Broadway, P. O.	Box 800, Den	ver, Colorado	80201		
Reason(s) for Liling (Check proper box)			Other (Please explain	n)	
New Well	· .	in Transporter of: Dry Gas			
Recompletion U.J. Change in Operator X		Condensate []			
If change of operator give name To	nneco Oil E &	P. 6162 S. V	Willow, Englewood	l. Colorado 8015	5
and address in previous operator					
II. DESCRIPTION OF WELL Lease Name		Pool Name, Includi	ng Formation		Lease No.
FLORANCE	91		TURED CLIFFS)	FEDERAL	84031835
Location	17/0	EARL	700	r.	
Umit Letter	1740	Feet From The	L Line and 790	Feet From The FF	L Line
Section 30 Towns	hip ^{30N}	Range ^{9W}	, NMPM,	SAN JUAN	County
### - #\$#!!!!###########################	MODANIPER AND	ONE ABOUT BLATTER	DAL CAR		
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	or Cond			ich approved copy of this form	is to be sent)
Name of Authorized Transporter of Cas EL PASO NATURAL GAS CO		or Dry Gas [X]	Address (Give address to wh	ich approved copy of this form	
If we I produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	is gas actually connected?	When?	
If this production is commingled with th IV. COMPLETION DATA	at from any other lease	or pool, give commingl	ing order number:		
	Joil W	ell Gas Well	New Well Workover	Deepen Plug Back Sa	me Res v Diff Res'v
Designate Type of Completion Date Spudded	n - (X) Date Compl. Ready	to Prod.	Total Depth	P.B.T.D.	
·			Top Oil/Gas Pay		
Elevations (DE, RKB, RI, GK, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation		TOP OIL GAS TRY	Tubing Depth	
Perforations				Depth Casing S	ihoe
	TIIDING	CASING AND	CEMENTING RECOR		
HOLE SIZE		TUBING SIZE	DEPTH SET		CKS CEMENT
THOSE SIZE					
Į V. TEST DATA AND REQU	EST FÖR ALLOV	VARLE	1		
			be equal to or exceed top allo	wable for this depth or be for	full 24 hours.)
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pu	mp, gas lýi, eic.)	
Length of Test	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		Bbls. Cendensate/MMCF	Gravity of Con	densale
festing Method (palor, back pr.)	Tubing Pressure (S	்யன்)	Casing Pressure (Shut-in)	Choke Size	7.17
l VI. OPERATOR CERTIFI		APLIANCE			
Thereby certify that the rules and re			OIL CON	ISERVATION D	IVISION
Division have been complied with a	nd that the information	given above			
is true and complete to the best of n	ny knowledge and belief	•	Date Approve	d MAY 08 10	000
(1 1 21.	ati			3110	/
Supariure J. Oliver	ng con		Ву	Buch I Who	-{
J. L. Hampton	Sr. Staff Adm			SUPERVISION DIS	FR1CT # 3
Panted Name Janaury 16, 1989	303	Title -830-5025	Title		
Date		clephone 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 134 must be filed for each pool in multiply completed wells.