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

Energy, Minerals and Natural Re

Pepartment

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT. II P.O. Drawer DD, Artesia, NM 88210 Sant

Santa Fe, New Mexico 87504-2088

DISTRICT III

IOOU RIO Brazos Rd., Aziec, NM 87410

DECLIFICATION ALL OWARD F. AND AUTHO

1000 Rio Brazos Rd., Aztec, NM 87410		OR ALLOWAS		-	_				
Operator	TO TRANSPORT OIL AND NATURAL GAS Well API N oduction Company 38045120								
Amoco Production Compa	Broadway, P. O. Box 800, Denver, Colorado 80201						30045	30000	
Address 1670 Broadway, P. O. E	3ox 800, Denv	ver, Colorad	o 80201						
Reason(s) for Filing (Check proper box)				Please expla	in)				
New Weil Recompletion		n Transporter of:							
Recompletion L Change is Operator	Oil L Casinghead Gas								
	neco Oil E &	P, 6162 S.	Willow, Er	iglewood	i, Color	ado 801	155		
II. DESCRIPTION OF WELL									
Lease Name	Well No.	ng Formation /				Lc	ase No.		
STATE COM H	9	ITLAND) STATE				STATE	<u> </u>		
Location B	1045	_ Feet From The FN	п	. 1575	_	t From The	FEI.	Line	
Unit LetterB	: 1045	_ Feet From The	Line at	nd <u>1979</u>	1·ee	I From The		Lane	
Section 16 Township	p30N	Range9W	, NMP	м,	SAN JU	JAN		County	
III. DESIGNATION OF TRAN	SPORTER OF C	II. AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	or Conde	nsale	Address (Give a	ddress to wh	ich approved	copy of this for	rm is to be ser	nt)	
		- D- (*- [¥-]	Address (Circ.	44	ish same and	anny of this for	rm is to be see		
Name of Authorized Transporter of Casinghead Gas or Dry Gas [X] EL PASO NATURAL GAS COMPANY			1			copy of this form is to be sent) TX 79978			
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	is gas actually c		When				
give location of tanks. If this production is commingled with that I	form any other lease o	l l l l	ling order number						
IT THIS PRODUCTION IS COMMININGED WITH THE T	HOM any Other rease of	port, give containing	ing older number						
Designate True of Constitution	Oil Wel	II Gas Well	New Well V	Vorkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl. Ready (lo Prod.	Total Depth		Ll	P.B.T.D.		.L	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		formation	Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>		l			Depth Casing	Shoe		
		, CASING AND	1		D		ACKE CEM		
HOLE SIZE	CASING & I	UBING SIZE	ļ	EPTH SET			ACKS CEME	2111	
V. TEST DATA AND REQUES	 ST FOR ALLOW	ABLE	J			l			
	ecovery of total volume						or full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing Meth	od (Flow, pu	mp, gas lýt, ei	(c.)			
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
						Gas- MCF			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCI			
GAS WELL	J					1			
Actual Prod Test - MCI/D	Length of Test		Bbls. Condensat	e/MMCF		Gravity of C	ondensate		
			A 7 6			CAUTAL SILET	··· ·		
Testing Method (pilot, back pr.)	Tubing Pressure (She	य∙ात)	Casing Pressure	(Snut-in)		Choke Size			
VI. OPERATOR CERTIFIC	'ATE OF COM	PLIANCE	1			· · · · · · · · · · · · · · · · · · ·			
I hereby certify that the rules and regul-	ations of the Oil Const	ervation		IL CON	ISERVA	NOITA	JIVISIC	M	
Division have been complied with and is true and complete to the best of my l		ven above	D	.	. N	IAY 08 1	000		
alal			Date A	/bbtone	u!"	, , , , , , , , , , , , , , , , , , ,	·/:		
y. J. Stam	By But). Chang								
Signature J. L. Hampton Sr	. Staff Admi	n. Suprv.	-,		SUPERVI	SION DIS	STRICT	/ 3	
Printed Name Janaury 16, 1989	Title								
	[]								

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,