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

DISTRICT II

State of New Me. Energy, Minerals and Natural Res

epartment

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

P.O. Drawer DD, Artesia, NM 88210	S	anta Fe, New M	exico 87504-2088					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410		·		17ATION	-			
I.			BLE AND AUTHOR					
Operator	TO TRANSPORT OIL AND NATURAL GAS Well							
Amoco Production Company				3004510710				
Address 1670 Broadway, P. O.	Roy 800 Den	war Colored	0 90201					
Reason(s) for Liling (Check proper box)		ver, colorad	O 80201 Other (Please exp	olain)				
New Well	Change i	in Transporter of:		•				
Recompletion X		Dry Gas L.						
	Casinghead Gas L							
and address of previous operator Let	ineco Uil Ł &	P, 6162 S.	Willow, Englewo	od, Colo	rado 801	55		
II. DESCRIPTION OF WELL		[B_18]	- P					
Lease Name Well No.   Pool Name, Includ SAN JUAN 32-9 UNIT 22 BLANCO (MES					Lease No. FEE			
Location		- <del></del>						
Unit Letter	:1650	_ Feet From The FS	L Line and 990	Fe	et From The _	WL	Line	
Section 14 Towns	31N	Range <sup>10W</sup>		SAN J	IAN		County	
Section 10wns	прост	Kange	, NMPM,	- CIRT O			County	
III. DESIGNATION OF TRA								
Name of Authorized Transporter of Oil CONOCO	or Conde	ensate 🛣	Address (Give address to 1				)	
Name of Authorized Transporter of Casi	nghead Gas	or Dry Gas [X	Address (Give address to				)	
EL PASO NATURAL GAS CO	OMPANY		P. O. BOX 1492,			178		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	is gas actually connected?	When	7			
If this production is commingled with the	t from any other lease o	r pool, give commingi	ing order number:					
IV. COMPLETION DATA	·	,						
Designate Type of Completion	]Oil We	ll Gas Well	New Well   Workover	Deepen	Plug Back	iame Resiv	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	_L	P.B.T.D.	l		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay Tubing Depth					
l'erforations			I		Depth Casing	Shoe		
					<u> </u>			
UOLE CIVE	HOLE SIZE CASING & TUBING, CASING AND				SACKS CEMENT			
noue size	HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACRO CLINEAT			
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE	l		1			
OIL WELL (Test must be after			be equal to or exceed top a			r full 24 hours.	)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, )	pump, gas lýt, e	ic.)			
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF			
CACAVELL			I		J			
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
					٠.٠ ٪			
Testing Method (pitot, back pr.)	Tubing Pressure (Shi	ut·in)	Casing Pressure (Shut-in)		Choke Size			
VI ODED ATOD CEDTTER	CATE OF COM	DULANCE	\		L			
VI. OPERATOR CERTIFICATE OF COMPLIANCE  Thereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION					
Division have been complied with an	d that the information gi				****	40.00		
is true and complete to the best of my knowledge and belief.			Date Approve	ed	MAY 08	PUNU A		
4. L. Hamaton			1 2 d					
Signature			By	<i>0</i>	············	TOTOTOT	4.3	
Printed Name	r. Staff Admi	Title	Title	BUPER	v1510n d	TOINICI	# <b>4</b> ,	
Janaury 16, 1989 303-830-5025			'''''					

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.

Telephone No.

- 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.