Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New M Energy, Minerals and Natural Re

Department

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

## OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088								
DISTRICT III 1000 Rio Brazes Rd., Azlec, NM 87410	REQUEST FO	OR ALLOWAB	LE AND A	UTHORI					
1.	TO TRA	NSPORT OIL	TAN DNA	URAL G	AS	Di Ma			
Operator Well API									
Amoco Production Compa	ny				B0045	1113/			
Address 1670 Broadway, P. O. B	ox 800, Denve	er, Colorado			-i-1				
Reason(s) for I tling (Check proper box)	Chanas in	T-reader of:	U Otnei	(Please expl	gin)				
New Well		Transporter of: Dry Gas							
Recompletion [2]	Casinghead Gas	,							
	eco Oil E &		Villow, F	nglewoo	d, Color	ado 80	155		
H. DESCRIPTION OF WELL		14						ase No.	
Lease Name	Well No. Pool Name, Includin 36 BLANCO (MESA			· . 1			FEE		
SAN JUAN 32-9 UNIT	<u> В6</u>	LANCO (TESA	(VERDE)		1 55		1100		
Location Unit LetterM	: 1150	Feet From The FS	Line	and 1160	Fe	et From The	FWL	Line	
Section 33 Township	32N	RangeW	, NM	IPM,	SAN JU	JAN		County	
III. DESIGNATION OF TRANS			RAL GAS	adress to u	hich approved	conv of this (	orm is to be se	nt)	
Name of Authorized Transporter of Oil	or Conder	K ,	1		BLOOMFIE			•	
CONOCO Name of Authorized Transporter of Casing	head Gas	or Dry Gas [X]	Address (Giw	address to w	hich approved	copy of this f	orm is to be se	ni)	
EL PASO NATURAL GAS COM	1 0 DOW 1/00 EV DA								
If well produces oil or liquids,	Unit Sec.								
give location of tanks.	i i	i i							
If this production is commingled with that f	rom any other lease or	pool, give commingl	ing order numb	ег:					
IV. COMPLETION DATA	100.00		I Nam Wall	Workover	Libonen	Phie Back	Same Res'v	Diff Res'v	
Designate Type of Completion	Oil Well - (X)	Gas Well	I Liem Meir	WORGVET	Lecten	riug isack			
Date Spudded	Date Compl. Ready to	p Prod.	Total Depth	L	<b>_1</b>	P.B.T.D.	1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations	L		1			Depth Casii	ng Shoe		
						<u>.</u>			
HOLE SIZE	TUBING CASING & T	CEMENTING RECORD  DEPTH SET			SACKS CEMENT				
			ļ						
			ļ						
V. TEST DATA AND REQUES	 ST FOR ALLOW	ARLE	J			1			
OIL WELL (Test must be after r	ecovery of total volume	of load oil and mus	t be equal to or	exceed top a	llowable for the	s depth or be	for full 24 hou	us.)	
Date First New Oil Run To Tank	Date of Test	_2	Producing M	ethod (Flow,	pump, gas lýi,	etc.)			
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil · Bbls.		Water - Bbls.		Gas- MCF				
			.1			ــــــــــــــــــــــــــــــــــــــ			
GAS WELL	The angle of Wales		Rble Conde	sale/MINIC'E		Gravity of	Condensate		
Actival Prod. Test - MCT/D	Length of Test		Bbls. Condensate/MMCF						
lesting Mellied (pdot, back pr.)	Tubing Pressure (Shut in)		Casing Pressure (Shut in)		Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE				OIL CONSERVATION DIVISION					
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above				****					
is true and complete to the best of my	knowledge and belief.		Date	Approv	red	MAY 0	ממטך א		
J. L. Hampton					3	<i>م</i>	In.	,	
Signature							D. C. C. C.	T # =	
J. L. Hampton Sr. Staff Admin. Suprv.				)	SUPER	ATRION	DISTRIC	- <del> </del>	
Janaury 16, 1989		-830-5025 Icphone 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.