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

## State of New Mex Energy, Minerals and Natural Resi

\_ :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

DISTRICE II P.O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	ТО	TRANSPORT O	IL AND NATURAL GA	<u>4S</u>		
perator			Well API No.			
Amoco Production Comp			3004511146			
Address	D 000 F	Colors	ido 80201			
1670 Broadway, P. O.	Box 800, I	enver, Colora	Other (Please expla	ain)		
leason(s) for l'iling (Check proper box)	Ch:	nge in Transporter of:				
lew Well	Oil	Dry Gas	]			
Recompletion L		s Condensate	]			
mange in Operator 1.25			. Willow, Englewoo	d Colorado 8	30155	
nd address of previous operator Len	neco UII E	α Γ, 0102 5.	willow, Digiewoo	4, 00101440		
I. DESCRIPTION OF WELL	AND LEASE	,			Lease No.	
ease Name Well No. Pool Name, Including				PEDEDAT	820785070	
SAN JUAN 32-9 UNIT	<u> </u>	BLANCO (MI	ESAVERDE)	FEDERAL	1 820/830/0	
Location	1550	1	rei 1/50	Feet From The	FWLLine	
Unit Letter K	1550	Feet From The I	FSL Line and 1450	Feet From The	E Line	
Section 35 Townsh	:_32N	Range10W	, NMPM,	SAN JUAN	County	
Section 35 Townsh	1P3ZN	Kangerow	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
II. DESIGNATION OF TRAI	NSPORTER (	OF OIL AND NAT	TURAL GAS			
Name of Authorized Transporter of Oil	L- J ot	Condensate 😿	Address (Cive andress to w			
CONOCO			P. O. BOX 1429,	P. O. BOX 1429, BLOOMFIELD, NM 87413		
	Name of Authorized Transporter of Casinghead Gas or Dry Gas [X]			Address (Give address to which approved copy of this form is to be sent)		
EL PASO NATURAL GAS CO			P. O. BOX 1492,		79978	
If well produces oil or liquids,	Unit So	c. Twp. R	ge. Is gas actually connected?	When?	•	
ive location of tanks.		!!				
f this production is commingled with tha	t from any other le	ease or pool, give comm	ingling order number:			
V. COMPLETION DATA				Deepen   Phun Bar	k Same Res'v Dilf Res'v	
Davis Time of Consolution		oil Well Gas Well	1 New Well Workover	1 Deepen 1 ring risk		
Designate Type of Completion	Date Compl. R	leady to Prod	Total Depth	P.B.T.D.		
Date Spudded	Date Compa. R	eady to From	•			
ET OF BUR DE CB atc.)	Name of Produ	icing Formation	Top Oil/Gas Pay	Tubing D	)epth	
Elevations (DF, RKB, RT, GR, etc.) Name of						
Perforations	_L			Depth Ca	asing Shoe	
	TU	BING, CASING AN	ND CEMENTING RECO	RD		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SE		SACKS CEMENT	
HOLE SIZE						
V. TEST DATA AND REQUI	EST FOR AL	LOWABLE				
OIL WELL (Test must be after	recovery of total	volume of load oil and	must be equal to or exceed top a	llowable for this depth or	be for Juli 24 nows )	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow,	pump, gas tyt, etc.)		
				Choke S	ize	
Length of Test	Tubing Pressu	ire	Casing Pressure	Cildae		
	_		Water - Bbls.	Gas- MC	CF	
Actual Prod. During Test	Oil - Bbls.		Marci - Doir			
L						
GAS WELL				Capilly	of Condensate	
Actual Prod. Test - MCF/D	Length of Ter	it	Bbls. Condensate/MMCF	, ,	-:	
	Jubing Pressi	in (Shut-in)	Casing Pressure (Shut-in)	Choke S	Size	
Testing Method (pitot, back pr.)	I noing Tress	ne (succen)				
	l	TOLANT LANCE				
VI. OPERATOR CERTIF	CATE OF (	COMPLIANCE	∥ OIL CC	NSERVATIO	N DIVISION	
I hereby certify that the rules and re	gulations of the O	il Conscrvation				
Division have been complied with a is true and complete to the best of n	no unat une intorm ny knowledue and	belief.	Data Approx	YAM boy	0.8.1989	
is true and comprehe to the season	.,		Date Approv	/80	A	
(1 / 2/2	notan.	,	_	3.1) i	d. /	
J. J. 0100	The cond		— ∥ By		~~~~~	
J. L. Hampton	Sr. Staff	Admin. Suprv.		SUPERVISION	n district # 🗗	
Printed Name		1106	Title			
Janaury 16, 1989		303-830-5025 Telephone No.	-			
Date		i i i chione i io.	11			

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.