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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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 III
1000 Rio Brazos Rd., Aztec, NM 87410

DECLIECT FOR ALLOWARI F AND ALITHORIZATION

					AND NA	FURAL GA		1011				
perator				Well A	Pl No.							
AMOCO PRODUCTION COMPA	NY			 				300	4522372	<u></u>		
P.O. BOX 800, DENVER,	COLORAD	0 8020	1		19 1	- (fit -	-i					
eason(s) for Filing (Check proper box)		Change in	Transc	orter of:		s (Please expl	-					
ccompletion	Oil		Dry C	ia, 📙	NA	ME CHANG	E -	brit	tchnre	2 Y8	# 3A	
hange in Operator	Casinghead	Gas 🗌	Cond	neate				_				
change of operator give name id address of previous operator				 	·		_			 -		
DESCRIPTION OF WELL AND LEASE								Kind of	Lease	عا	ease No.	
ease Name PRITCHARD /B/	1	Well No. Pool Name, Including 3A BLANCO (ME							DERAL NM013686			
ocation								_				
Unit LetterI	_ :	1830	. Feet 1	From The	FSL Lin	e aad	106	0 Fee	t From The _	FEL	Line	
Section 34 Townshi	9 311	N	Rang	e 9W	, N	мрм,		SAN	JUAN		County	
II. DESIGNATION OF TRAN	CPAPTE	D OE O	11 A	ND NATE	RAL GAS							
II. DESIGNATION OF TICAN		or Conder	izate		Address (Giv	e address to w					nt)	
CONOCO Siender			or D-	v Gas C		OX -1429 .					nd)	
me of Authorized Transporter of Casinghead Gas or Dry Gas EL PASO NATURAL GAS COMPANY					Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978							
f well produces oil or liquids, ive location of tanks.	ell produces oil or liquids, Unit Sec. Twp.			Rgc.	ls gas actuali	s gas actually connected? When ?						
this production is commingled with that	from any oth	er lease or	pool, p	pive comming!	ing order num	ber:						
V. COMPLETION DATA									Ding Deat	Same Res'v	Diff Res'v	
Designate Type of Conspletion	- (X)	Oil Well	۱ <u>۱</u>	Gas Well	New Well	Workover	1	Deepen	Link Dack	There was a		
Date Spudded Date Compl. Ready to Prod.					Total Depth P.B.T.D.							
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation										Depth Casing Shoe		
erforations									Берів Самі	iR 2900e		
··	 1	UBING	CAS	ING AND	СЕМЕЙ П	NG RECO	RD		·			
HOLE SIZE						DEPTH SET				SACKS CEMENT		
	 				 	· 						
- MEGE DATA AND DECUE	ET FOR A	เสาก์พี	A RI	F	L				J			
/. TEST DATA AND REQUE OIL WELL (Test must be after	recovery of to	otal volume	of loa	d oil and mus	be equal to o	r exceed top al	llowa	ble for thi	s depth or be	for full 24 hou	es)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
Length of Test		Casing Propagate			Choke Size							
	Tubing Pro				Water - Bol	<u> </u>			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.	•		•	Marc 1201	OCT.	29	1990				
GAS WELL	_1					OIL C	O!	1. D				
Actual Prod. Test - MCF/D	Leagth of	Length of Test				Bbls. Condensate/MMCDIST. 2				Gravity of Condensate		
F 3 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Tubing Pressure (Shut-in)				Casing Pres	Casing Pressure (Shut-in)						
exting Method (puot, back pr.) Tubing Pressure (Shua-in)					J							
VI. OPERATOR CERTIFIC	CATE OF	F COM	PLIA	ANCE		വഥാ	N.S	SERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					1	OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Dat	Date ApprovedOCT 2 9 1990						
NIII					1	• •		سنده	<i>(</i>) <i>(</i>	1 /		
Signature Control of the Control of					∥ By.	SUPERVISOR DISTRICT 13						
Doug W. Whaley, Staf	f Admin	. Supe	ervi Tid		Title	8			VISOR	JISTRICT	13	
October 22, 1990			830	-4280								
Date		11	repron	. IW.	.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.