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

## State of New Mexico Energy, Minerals and Natural Resources Department

Furm 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

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

DU Rio Brazos Rd., Aztec, NM 87410	REQU	JEST FO	)R Al	LLOWAE	AND NA	UTHORIZ	ATION S				
Operator		IO INA	.,,,,,	<u> </u>			Well A	Pl No.			
AMOCO PRODUCTION COMPANY								3004522545			
.O. BOX 800, DENVER, COLORADO 80201											
Reason(s) for Filing (Check proper bax)		Change in		orter of:	X Other	x (Please explo	in)				
New Well	Oil		Dry G		NA	ME CHANG	E - Mu	dge LS	#44		
Recompletion		d Gas 🔲						<u> </u>			
change of operator give name										· <del>_</del>	
ad address of previous operator	AND LE	ASE									
I. DESCRIPTION OF WELL A	Well No. Pool Name, Includin			ng Formation	•						
MUDGE /A/	4A		BL	ANCO (P	ICTURED	CLIFFS)	FEI	FEDERAL		l_SF078040	
Location		1015		_	FNI.	e and1	950 Fa	et From The	FWL	Line	
Unit LetterC	- :	1015	Feet F	rom The	1112 116	e 190	<u> </u>				
Section 1 Township	Section 1 Township 31N Range 11W				, NMPM, SAN			JUAN County			
II. DESIGNATION OF TRAN	CDADTI	P OF O	II. AN	ID NATI	RAL GAS						
II. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil		or Conden	sale		Vermine for	e address to w				nt)	
60NOCO ///frida-1	<u> </u>				P.O. BOX 1429; RI.OOMF] Address (Give address to which approved			ELD NM 87413			
Name of Authorized Transporter of Casing		لــا	or Dry Gas					L_PASO, TX 79978			
If well produces oil or liquids,	Unit	Soc.	Twp	Rge	is gas actual	y connected?	When	7			
give location of tanks.	i	<u> </u>	ـــــــ		lier ander aus						
If this production is commingled with that	from any o	ther lease or	pool, g	ive comming	ning order num						
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion					Total Depth	<u> </u>	1	P.B.T.D.	J		
Date Spudded	Date Cor	npl. Ready t	D PTOG.		1000 2070	_					
Elevations (DF, RKB, RT, GR, etc.)	stions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
	<u> </u>								Depth Casing Shoe		
Perforations								<u> </u>		<u>·</u> _	
	TUBING, CASING AND				CEMENT	CEMENTING RECORD			SACKS CEMENT		
HOLE SIZE	c	CASING & TUBING SIZE				DEPTH SET					
	<del> </del>										
NIS NEOLIE	CT FOR	ATTÓU	ARI.	F	<u>.l</u>			_]			
V. TEST DATA AND REQUE OIL WELL (Test must be after	SI FUK recovery of	ALLUVII Iotal volum	e of loa	d oil and mu	ss be equal to	or exceed top at	llowable for th	is depth or be	e for full 24 ho	ws.)	
Date First New Oil Run To Tank Date of Test				140000018 Wiemon (1, 1014, be			h=Δ. Ψ3	,			
	Tubing	Darroum			Casing Pres	<del>                                       </del>		Carried St	ė		
Length of Test	1 doing	Licamic			i	1113	<del>2000</del>	TO CHE MICH	<u> </u>		
Actual Prod. During Test	Oil - Bb	ds.		-	Water - Bb	r 00	T 2 9 199	iu cas mei			
						OIL	CON.	DIV.			
GAS WELL Actual Prod. Test - MCI/D	Leagth	of Test			Bbis. Cond	ensate/MMCF	DIST. 3	Gravity of	Condensate	-	
Verifie Lor Les Anche						- Auria		Choke Si	18		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pre	ssure (Shut-in)						
		DE COM	IDI I	ANCE						ON	
VI. OPERATOR CERTIFIC	CATE	JP COM	rctvatio   }*LLT1	AINCE a		OIL CO	NSER\	ATION	DIVISI	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above								UCT 2	9 1990		
is true and corruptete to the best of m	y knowledg	e and belief.			Da	ite Approv	/ed		1		
NI/III.						Bin) Chang					
Signature					Ву		SUPE	RVISOR	DISTRIC	T /3	
Boug W. Whaley, Staff Admin. Supervisor Title					·	lo.					
Primed Name October 22, 1990		303	-830	-4280	_    Tit						
Date		1	clepho	ne No.	!!,						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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.

<sup>1)</sup> Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.