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

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

ISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWAB	LE AND AUTHORIZA	TION				
•	TO TRA	NSPORT OIL	AND NATURAL GAS	Well Al	No.			
Operator AMOCO PRODUCTION COMPANY					300452283600			
Address	COLOBADO BOS	1						
P.O. BOX 800, DENVER, ( Reason(s) for filing (Check proper box)	COLORADO 8020	)1	Other (Please explain)			<del></del>		
New Well	Change in	Transporter of:	,					
Recompletion 📮		Dry Gas 📙					•	
Change in Operator	Casinghead Gas	Condensale						
f change of operator give name ad address of previous operator						<del></del>		
I. DESCRIPTION OF WELL	AND LEASE					····	ase No.	
Lease Name CASE LS	Well No. 1A	Pool Name, Includia BLANCO MES.	ng Formation AVERDE (PRORATED (	Kind of			ase No.	
Location D	818		FNL 925			FWL		
Unit Letter	- :	Feet From The	Line and	Fee	t From The	1 112	Line	
Section 5 Township	31N	Range 11W	, NMPM,	SAN	JUAN		County	
II. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	or Conde		Address (Give address to which					
TERIDIAN OIL INC.  ame of Authorized Transporter of Casinghead Gas or Dry Gas		3535 EAST 30TH STREET, FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sens)						
Name of Authorized Transporter of Cashiy EL PASO NATURAL GAS CON			P.O. BOX 1492, EI					
If well produces oil or liquids,	Unit Soc.	Twp. Rge.	Is gas actually connected?	When				
eive location of tanks.	<u>                                     </u>	nool aive commiss!	ing order number					
f this production is commingled with that IV. COMPLETION DATA	from any other lease of	hoor' Rive consumpli	ing other summer.					
	Oil Wel	l Gas Well	New Well   Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion			Total Death		0000		.l	
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth		P.B.T.D.			
levations (DF, RKB, RF, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Perforations					Depth Casing Shoe			
	TUDING	CASING AND	CEMENTING RECORD		l			
HOLE SIZE CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT			
HOLL SIZE								
					<del> </del>			
	<del></del>		<u> </u>		15 5	<u> </u>		
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE .	ח	EG	depth or be for	: 1111		
OIL WELL (Test must be after t	recovery of total volume	e of load oil and must		able for thu	depth or be for	July 10 pu	us.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow,	2'3 1990				
Length of Test	Tubing Pressure		Casing Pressure		ON."DIV			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	<u> </u>	BATER			
		····	<u> </u>		l			
GAS WELL			Bbls. Condensate/MMCF		Travity of Co	ulensale		
Actual Prod. Test - MCI/D	Length of Test		DOM. COMICHIAIC/NUMCP		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	LATE OF COM	PLIANCE						
I hereby certify that the rules and regu	lations of the Oil Cons	crvation	OIL CON	SERV	AHON D	IVISIO	אכ	
Division have been complied with and that the information given above			Data Approved AUG 2 3 1990					
is true and complete to the best of my	anowiedge and belief.		Date Approved		2 0 13	JU		
III Illus				7	d	/		
Signature	E Admir C		By	مم	·	-		
Doug W. Whaley, Staf	ı Admin, Supe	Title	TitleS	UPERV	SOR DIST	RICT /	3	
July 5, 1990	303-	=830=4280 Elephone 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.