Submit 5 Copies
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 8741	0 BEOLIES	TEOR	ALLOWA	RI E AND	AUTHORI	ZATION					
I.											
Operator Wel								API No.			
Amoco Production Company 300						3004	4522878				
Address 1670 Broadway, P. O.	Box 800. D	enver.	Colorad	lo 80201							
Reason(s) for Filing (Check proper box					er (Please expl	ain)		• • • • • • • • • • • • • • • • • • • •			
New Well	Cha	nge in Tran	sporter of:		•	·					
Recompletion Change in Operator	Oil		Gas 🗀	_			.				
If change of operator size page	Casinghead Gas		densate			+ £4,			-		
and address of previous operator Te	nneco Oil E	& P,	6162 S .	Willow,	Eng_ewoo	d, Colo	rado 8	0155 -			
II. DESCRIPTION OF WELL	L AND LEASE										
Lease Name	Wel	1 No. Pool Name, Including Formation						L	case No.		
ATLANTIC A LS	6A	BLA	NCO SOUT	H (PICT	CLIFFS)	FEDE	RAL	2900	06060		
Location Unit LetterF	. 1520	Feet	From The FN	IL Lin	e and 1120	Fe	et From The	FWL	Line		
Section 26 Towns	ship 31N	Ran	ge10W	, NMPM,		SAN JUAN		County			
III. DESIGNATION OF TRA	NSPORTER O	F OIL.	ND NATI	RAL GAS							
Name of Authorized Transporter of Oil		ondensate			e address to wi	hich approved	copy of this	form is to be se	:nl)		
Name of Authorized Transporter of Cas	ry Gas X				d copy of this form is to be sent)						
EL PASO NATURAL GAS C If well produces oil or liquids,	UMPANY Sec.	Twp	. Rge.	P. O. BOX 1492, EL PAS Is gas actually connected? Wh				9978			
give location of tanks.		1	.	to Pen account	y connected?	Wike	•				
If this production is commingled with the IV. COMPLETION DATA	at from any other lea	se or pool,	give comming	ling order num	per:						
Designate Type of Completio	n - (X)	Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Rea	idy to Prod	•	Total Depth	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L ,	P.B.T.D.		<u>-</u> L		
Elevations (DF, RKB, RT, GR, etc.)	Name of Produci	ng Formati	on	Top Oil/Gas 1	Pay	····	Tubing Depth				
Perforations				1		·	Depth Casin	ng Shoe			
	 					·	-				
HOLE OF The				CEMENTI	VG RECOR			-	·-··		
HOLE SIZE	CASING	& TUBING	i SIZE	<u>U</u>	DETISE		SACKS CEMENT				
							+ U				
					JUL2:	L 1989					
W. CODON DATE AND DESCRIP	2000 110 22 4 7 7				H CO	VI - DI/					
V. TEST DATA AND REQUI OIL WELL (Test must be after				_				f (#341.	,		
Date First New Oil Run To Tank	Date of Test	turne oj toa	a ou ana musi		thod (Flow, pu			jor juli 24 nou	rs.)		
						7,0,,,-	,				
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL		· · · · · · · · · · · · · · · · · · ·		1			1				
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	sate/MMCF		Gravity of C	Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)			re (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC I hereby certify that the rules and reg Division have been complied with an	ulations of the Oil Co	onservation		C	OIL CON	ISERV	ATION	DIVISIC)N		

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

Signature

L. Hampton

1989

Printed Name
Janaury 16,

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

Title

Date Approved

SUPERVISION DISTRICT # 3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Staff Admin. S

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Suprv.

303-830-5025 Telephone No.

4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies
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OIL CONSERVATION DIVISION

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

P.O. Box 2088 Santa Fe. New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

· •	REQ					AUTHOR						
I.		TO TRA	ANS	PORT OIL	AND NA	TURAL G						
Operator Amoco Production Company								Well API No.				
Amoco Production Compa	any						3004	522878				
1670 Broadway, P. O. 1	30x 800), Denv	er,	Colorad								
Reason(s) for Filing (Check proper box)		C 1	. т ₋		Oth	er (Please exp	lain)					
New Well	0:1	Change in	•									
Recompletion	Oil Casinghea	ad Gas	Dry Cond									
				· · · · · · · · · · · · · · · · · · ·		D 7				÷		
and address of previous operator	ICCO U1	<u> </u>	1,	oroz 3.	WIIIOW,	Engle woo	od, Colo	rado 8	0155			
II. DESCRIPTION OF WELL	AND LE								7 15 4.0	<u> </u>		
Lease Name ATLANTIC A LS		Well No. Pool Name, Including Formation						Lease No.				
Locatic A LS		6A	BLA	NCO (MES	(MESAVERDE) FEDERAL 2				2900	06060		
Unit Letter	_ :15	520	_ Feet	From The FN	L Lin	e and 1120	Fe	et From The	FWL	Line		
Section 26 Township	,31N		Rang	ge10W	, N	мрм,	SAN J	UAN	. .	County		
III. DESIGNATION OF TRAN	SPORTI	ER OF O	A TT	ND NATH	DAL GAS							
Name of Authorized Transporter of Oil	SI OKIE	or Conde				e address to w	hich approved	copy of this	form is to be se	ent)		
CONOCO	LJ			X.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1429, BLOOMFIELD, NM 87413							
Name of Authorized Transporter of Casing			or D	ry Gas 🗓	Address (Gi	ve address to w	hich approved	copy of this	form is to be se	ent)		
	ASO NATURAL GAS COMPANY P. O. BOX 14						, EL PASO, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	. Rge.	is gas actuali	y connected?	When	?				
If this production is commingled with that	lmm any ce	her lesse or	nool -	oive commiss	ling Opter sur-	her				····		
IV. COMPLETION DATA	rom any ou	nei lease oi	роог, у	Rive community	ang order num	Del:						
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded		pl. Ready to	Prod.		Total Depth	J		P.B.T.D.	<u>.l</u>			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations								0 10 10				
renorations								Depth Casin	ng Shoe			
	,	TUBING,	CAS	SING AND	CHENT	K PEGO		.,				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				S DEPOHEN E			SACKS CEMENT				
	ļ						<u>IU</u>					
					JUL 2 1 1989							
	ļ		· · · · ·		Oll	20NL	<u> </u>					
V. TEST DATA AND REQUES	T FOR	ALLOW	ABL	E			DIV.	J		·		
OIL WELL (Test must be after re	ecovery of t	otal volume	of load	d oil and must					for full 24 hou	vs.)		
Date First New Oil Run To Tank	Date of Te	:st			Producing M	ethod (Flow, p	ump, gas lift, e	tc.)				
Length of Test	Tubing Pro	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF					
GAS WELL	L			 				1	• •			
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	sate/MMCF		Gravity of	Condensate			
	_				A San							
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
VI. OPERATOR CERTIFIC I hereby certify that the rules and regular Division have been complied with and	ations of the	Oil Conser	vation			OIL COI	NSERV	ATION	DIVISIO	ON		
is true and complete to the best of my k				. -	Date	Approve	d M	Y 08 K	189			
1 1 2/	nt						-	4	<u></u>			
Signature J. Slavn	Non	<u> </u>			By_		(بمندة	. Oh	-/_			
J. L. Hampton Sr Printed Name	. Staf	f Admii	n S Title		Title		UPERVIS	ion dis	TRICT#	3		
Janaury 16, 1989		303-			Hille			 				
D. A.		71.1.		NI.	1 t							

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