## ubmit 5 Copies appropriate Di≥rict Office ESTPICT I O. Box 1980; Hobbs, NM 88240

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

Form C-104 Revisc-1 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

)ISTRICT III 000 Rio Brazos Rd., Aztec, NM 87410

DISTRICT II O. Drawer DD, Artesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	Т	O TRANS	PORT OIL	AND NAT	URAL GA	S Well A	PI No					
perator  DACIN MINERALS IT						Well A	FI INO.	I No.				
BASIN MINERALS, LI	r. & Pr	od. Co	rp.	<del></del>								
P. O. Box 419 Fa	rmingto	n, New	Mexico	87499	r (Please explai	n)						
leason(s) for Filing (Check proper box)	•	Change in Tra	nsporter of:				om: Te	nneco	Oil Co.			
New Well	Oil	Change in Transporter of: Change Operator from: Tenneco Oil Co.  Oil Dry Gas TO: BASIN MINERALS, LTD.										
Thange in Operator		Casinghead Gas Condensate Effective: 2/1/89										
	nneco O	il Com	pany P.	O. Box	3249	Englew	rood, C	0 801	5.5			
I. DESCRIPTION OF WELL	AND LEA	SE				<del></del>		· A 1	ana Na			
ease Name	, I	Well No. Poo	ol Name, Includin	g Formation	1 01 . 5	1 0 1	Lease US Federal or Fee		Lease No.			
Λtlantic "Λ" 🔎	<u>'&gt;                                    </u>	6-A	Blanco	Pictur	ed Clif	г			<u> </u>			
Location Unit LetterE	:152	0 Fee	et From The N	<u>iorthLin</u>	and	0 Fe	et From The _	West	Line			
Section 26 Towns	in 31N	Ra	nge 10W	, NI	ирм, Sán	Juan			County			
II. DESIGNATION OF TRA	····	S OF OIL	AND NATUE	RAL GAS								
11. DESIGNATION OF TRA		or Condensate		Address (Giv	e address to wh	ich approved	copy of this fo	orm is to be se	nt)			
( ) Miveo			Dry Gas X	Addres (Circ	e address to wh	ich approved	copy of this fo	orm is to be se	nı)			
Name of Authorized Transporter of Casi	Address (Give address to which approved copy of this form is to be sent)  P.O. Box 4990 Farmington, N.M. 87499											
El Paso Natural G  If well produces oil or liquids,	1 Paso Natural Gas Company  Vall produces oil or liquids.   Unit   Soc.   Twp.   Rgc.					ls gas actually connected?   When ?						
ive location of tanks.		i	` i	Υe	<u>s</u>							
f this production is commingled with the	it from any other	er lease or poo	d, give commingli	ng order num	ber:							
V. COMPLETION DATA			Gas Well		Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Designate Type of Completio	n - (X)	Oil Well	J GAS WEIL	İ		i	İ		<u></u>			
Date Spudded Date Compl. Ready to Prod.				Total Depth P.B.T.D.								
				Top Oil/Gas	Pav		Tubing Dep					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Olivoas	,			Tuoring Loopur				
Devicembons				1			Depth Casir	ng Shoe				
Perforations							1					
	Т	UBING, C	ASING A D	CMAT		<del>- 111</del>	T	SACKS CEN	IENT			
HOLE SIZE		ENUMPHONE SHEET	11!	<del></del>								
					1 1989	- <del> </del>						
					¥ 1000			<u> </u>				
				DIL CC	N. DI'							
V. TEST DATA AND REQU	EST FOR A	ALLOWAL	BLE	b cana DIS	T. 3 ton all	owable for th	is depth or be	for full 24 ho	ws.)			
OIL WELL (Test must be after recovery of total volume of total oil and miss					Method (Fiow, p	ump, gas 📭	孙后原	EIA				
Date First New Oil Run To Tank			11	Choke Size	· · · · ·							
Length of Test	gh of Test Tubing Pressure				sure	'n	FEB02 1989					
	100 500			Water - Bbl	8.							
Actual Prod. During Test	Oil - Bbls	•					OIL CON. DIV					
CACWELL							` \[	DIST. 3				
GAS WELL Actual Prod. Test - MCF/D	Length of	Test		Bbls. Cond	ensate/MMCF		Gravity of	Condensate				
Actual 1100				Cacina Dra	ssure (Shut-in)		Choke Siz	ic .				
Testing Method (pitot, back pr.)	Tubing P	Tubing Pressure (Shut-in)			cone (onarm)							
VI. OPERATOR CERTIF	TCATEO	F COMPI	LIANCE		OIL CO	MCED!	/ATION	וטועופו	ON			
	equiations of th	e Oil Conserva	ation		OIL CO	ואסבעי	MILON	ادادادا	<b>U</b> 11			
District have been complied With	and that the ini	Official State	i accore			لميد						
to the hest of	mv knowledge	and ocuci.		βγ∥ Da	te Approv	ea						
FOR: BASIN MINERALS, LTD. EWELL N. WALSH												
Signature Ewell N. W	alsh, P	reside		∥ Ву		611			1.			
Walsh Engr. & P	rod. Co	rp.	Title	T:	le		``					
Printed Name 1/31/89	505	327-48	92		IE							
Date			phone No.	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.

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., Azzec, NM 87410	REQ			•	BLE AND		RIZATI	ON					
Operator		TO TRA	ANSP	ORT OI	AND NA	TURAL		Wait	PI No.				
AMOCO PRODUCTION COMPA	3004522878												
Address P.O. BOX 800, DENVER,	COLORA	DO 8020	01		_						·		
Reason(s) for Filing (Check proper box) New Well		Change in		orter of:	Oth	et (l'iease es	rplain)						
Recompletion	Oil	Cuantife in		(									
Change in Operator	Casinghe	ed Gas 🗌	Conde	nsale 🖳				<u>,                                     </u>					
f change of operator give name and address of previous operator													
I. DESCRIPTION OF WELL				W . A -									
ATLANTIC A LS		Well No. 6A			ne Formation ESAVERDE	E) .			TENDER 1 -		<b>se No.</b> 106060		
Location E Unit Letter	. :	1520	Feet Fr	rom The	FNL Lin	e and	1120	Fe	et From The	FWL	Line		
Section 26 Township	31	N	Range	10%	, NI	мрм,		SAI	N JUAN		County		
II. DESIGNATION OF TRANS	SPORTE	ROFO	IL AN	D NATU	RAL GAS								
Name of Authorized Transporter of Oil	or Cooden				3535 EAST 30TH STR				proved copy of this form is to be sent) REET, FARMINGTON, NM 87401				
Name of Associated Torrantical Sacion	head Gas MPANY		or Dry	Gas 🗀	Address (Giv	is (Give address to which approved copy of this form is to be sent)  D. BOX 1492, EL PASO, TX 79978					J.		
If well produces oil or liquids, ove location of lanks.	Unit	Soc.	Twp.	Rge.	is gas actually	y connected?	, 1	Whea	7				
this production is commingled with that f V. COMPLETION DATA	rom any oti	her lease or	pool, giv	ve comming!	ing order numl	ber:				-			
Designate Type of Completion -	· (X)	Oil Well		Gas Well	New Well	Workover	Doc	pen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	<del> </del>	pl. Ready to	Prod.	V-V-	Total Depth	L	1	1	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	roducing Fo	ducing Formation			Top Oil/Gas Pay			Tubing Depth					
erforations	ils.					<u> </u>				Depth Casing Since			
	1	TUBING,	CASII	NG AND	CEMEN'III	NG RECO	ORD						
HOLE SIZE	SING & TU	JBING S	SIZE	DEPTH SET				SACKS CEMENT					
. TEST DATA AND REQUES	T FOR A	ALLOW	ABLE	<del></del>	L		<del></del>		<u>                                     </u>	· · · · · · · · · · · · · · · · · · ·			
OIL WELL (Test must be after re Date First New Oil Rua To Tank	Date of Te		of load	oil and must	be equal to or Producing Me					for full 24 hours	<u>.)                                    </u>		
	DEL 0, 10				CEARLUE				<b>6</b>				
ength of Test Tubing Pressure				Casing Todar Lin [7, 11 ]					in the Size				
Actual Prod. During Test	Oil - Bbls.				Water 4866	FEB2	5 199	1	OR MCF				
GAS WELL					C		N. I	VIC					
Actual Prod. Test - MCI7D	Test			Bbis. Condensate/Min 6157. 3				Gravity of Condensate					
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				Choke Size					
VI. OPERATOR CERTIFICA	ATE OF	СОМГ	LIAN	NCE		NI 00	MCE	DV/	ATION	חואופוס	 NI		
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved								
D. Alex						2110							
Signature Doug W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT /3							
Printed Name February 8, 1991			Title		Title								
5, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		<del>۱-2∪د</del>	830-4	<u> </u>	11								

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