Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT: II P.O. Drawer DD, Antesia, NM 88210 <u>DISTRICT: III</u> 1000 Rio Brazos Rd., Aztee, NM 87410	State of Ne Energy, Minerals and Natu OIL CONSERVA P.O. Bo Santa Fe, New Me REQUEST FOR ALLOWAB	TION DIVISION 2088 exico 87504-2088	Form C-104 Revised 1-1-89 See Instructions at Bottom of Page
I. TO TRANSPORT OIL AND NATURAL GAS Operator Weil API No. Amoco Production Company 3004523061 Address 1670 Broadway, P. O. Box 800, Denver, Colorado 80201 Reason(s) for Filing (Check proper box) Other (Please explain)			
New Well [] Recompletion [] Change in Operator 2	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate Casinghead Gas Condensate Case Case Case Case Case Case Case Cas		ado 80155
Lease Name RIDDLE C LS Location Unit Letter K	Well No. Pool Naine, Includir 1A BLANCO (MES/	AVERDE) FEDER	
Section 31 Township 31N Range ⁹ W , NMPM, SAN JUAN County			
III. DESIGNATION OF TRANS Name of Authonized Transporter of Oil CONOCO Name of Authonized Transporter of Casing EL PASO NATURAL GAS COM If well produces oil or liquids, give location of tanks.	IPANY	RAL GAS Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1429, BLOOMFIELD, NM 87413 Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1492, EL PASO, TX 79978 Is gas actually connected?	
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v			
Designate Type of Completion - Date Spudded	- (X) Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations Depth Casing Shoe			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL Actual Prod. Test - MCF/D Lesting Methick (pdin, back pr.)	Length of Test Tubing Pressure (Shut in)	Bbls. Condensate/MMCF Casing Pressure (Shut-in)	Gravity of Condensate
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Q. J. Mampton		OIL CONSERVATION DIVISION MAY 08 1989 Date Approved	
Signature	Juan Staff Admin. Supry. Tute 303-830-5025 Telephone No.	BySUPERV	ISION DISTRICT # 3

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.