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DISTRICT III

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

State of New N

Energy, Minerals and Natural R

P.O. Box 2088

.... Department

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

OIL	COI	<b>NSER</b>	VA	rion	DIV	ISION
				***		

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQ		R ALLOWA								
I. Operator		TOTRAN	ISPORT O	L AND N	ATURAL G		API No.				
Amoco Production Comp	3004523486										
Address 1670 Broadway, P. O.	Box 800	), Denvei	. Colora	do 8020	1	1500	134,100				
Reason(s) for Filing (Check proper box)					her (Please exp	lain)	· · · · · · · · · · · · · · · · · · ·				
New Well [_] Recompletion [_]	Oil	Change in Ti	ransporter of:								
Change in Operator		ıd Gas 🔲 C									
If change of operator give name and address of previous operator Ter	neco Oi	1 E & P,	6162 S.	Willow,	Englewoo	od, Colo	rado 80	0155			
II. DESCRIPTION OF WELL											
Lease Name	Lease Name Well No. Pool Name, Includ					•			Lease No.		
NEAL COM Location	EAL COM 1 BASIN (DAKO					OTA) FEDE			RAL   SF078051		
Unit Letter M	. 10	60 Fe	eet From The FS	SL Li	ne and 990	r	eet From The	FWL	Line		
Section 15 Townsh	ip31N	D	ange 11W								
					ІМРМ,	SAN J	UAN		County		
III. DESIGNATION OF TRAIT Name of Authorized Transporter of Oil	NSPORTE	R OF OIL or Condensate	•	RAL GAS	ve address to w	hich annrave	com of this	form is to be e			
GIANT REFINING	L.J		X	Address (Give address to which approved copy of this form is to be sent)  P. O. BOX 256, FARMINGTON, NM 87499							
Name of Authorized Transporter of Casir	_	or or	Dry Gas X	Address (Give address to which approved copy of this form is to be sent)					ent)		
EL PASO NATURAL GAS CO				P. O. BOX 1492, EL PASO   When							
give location of tanks.				le gas water	iy comeacai	Wiles					
If this production is commingled with that  IV. COMPLETION DATA	from any oth	er lease or poo	I, give comming	ling order nun	iber:						
Designate Type of Completion	(V)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	-, · · · · · · · · · · · · · · · ·	l. Ready to Pn	<u> </u>	Total Depth	L	<u> </u>	1	l	_l		
	02.0 00		~-	loan Depar			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Form	uion	Top Oil/Gas Pay			Tubing Depth				
Perforations	<u> </u>			l				Depth Casing Shoe			
	т	UDING C	CINC AND	CELACATE	NO DECOR	n					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT			
	·										
				l							
/. TEST DATA AND REQUE				1			4				
IL WELL (Test must be after to Date First New Oil Run To Tank	Date of Tes		rad oil and must	be equal to or exceed top allowable for this depth or be for fuli 24 hows.)							
	Date of Tes	•		Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pres	sure		Casing Pressure			Choke Size				
Actual Prod. During Test	al Prod. During Test Oil - Bbls.		Water - Bbls.			Gas- MCF					
GAS WELL	1			l			J				
Actual Prod. Test - MCI/D	Length of T	esl		Bbls. Conden	sate/MMCF		Gravity of C	undensate	<del></del>		
				Bots. Concensus/Maries			Gravity of Condensate				
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size					
I. OPERATOR CERTIFIC	ATE OF	COMPLL	ANCE				L				
I hereby certify that the rules and regula	ations of the C	Dil Conservatio	HII.	(	OIL CON	ISERVA	NOITA	DIVISIO	N		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Data Approved MAY 0.8 1989							
111	~ <del></del>			Date	Approve	·	A -	· •			
J. J. Stamplan					7	الاستداد	Cha-	<b>~</b>			
J. L. Hampton Sr. Staff Admin. Suprv.					SUPERVISION DISTRICT # 8						
Printed Name Janaury 16, 1989		Titl 303-830	e -	Title							
Date		Telephor									

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.