Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mea Energy, Minerals and Natural Res

epartment

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azlec, NM 87410

Santa Fe, New Mexico 87504-2088

I.	REC	UEST TO TE	FOR RANS	ALLOV	VABLE ANI		RIZATIO	V	r		
Amoco Production Com	OIL AND NATURAL GAS Well API No.										
Amoco Production Company					3004523573						
1670 Broadway, P. O.	Box 80	O, Den	ver,	Color	ado 8020	)1					
Reason(s) for Isling (Check proper box) New Well						ther (Please ex	plain)				
Recompletion	Oil		in Tran Dry	sporter of:	7						
Change in Operator X		ead Gas	Con	densate	j						
If change of operator give name and address of previous operator Ter	meco O	il E &	Ρ,	6162 S	. Willow,	Englewo	od Col				
II. DESCRIPTION OF WELL	. AND LE	EASE				131.610.00	ou, cor	orado 6	10122		~-
Lease Name HUTCHIN LS	Tay 121.	Well No	. Pool	Name, Inc	luding Formation	1				Lease No.	
Location	2 BLANCO (1			NCO (P	PICTURED CLIFFS) FEE						
Unit LetterG	_ :1	500	Feel	From The	FNL L	ne and 1540	l	Feet From The	FEL	Line	
Section 7 Townsh	<sub>ip</sub> 31N		Rang	e10W		MPM,	SAN	JUAN		County	
III. DESIGNATION OF TRAN	SPORTE	ER OF C	IL A	ND NAT	URAL GAS	<b>:</b>					
Transporter of Oil		or Conde	nsale		Address (G	ve address to n			form is to be s		
Name of Authorized Transporter of Casinghead Gas  EL PASO NATURAL GAS COMPANY  If well produces oil or liquids,   Unit   See   Two   Received to the control of the control					P. O. BOX 1492, EL PASO, TX 79978						_
give location of tanks.	i i	Sœ.	Twp.	[ Rg	e. Is gas actual	ly connected?	Whe				_
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, g	ive commir	gling order nur	ber:					_
Designate Type of Completion	- ( <b>Y</b> )	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spanded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.	]	L. L.	-
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Dep	Tubing Depth		
Perforations											
								Depth Casir	g Shoe		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				D CEMENTING RECORD DEPTH SET			SACKS CEMENT			
HOLE DIZE											
					· · · · · · · · · · · · · · · · · · ·						-
											1
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		1			]			
OIL WELL (Test must be after re	covery of tole	al volume o	of load a	oil and mus	t be equal to or	exceed top allo	wable for this	depth or be f	or full 24 hour	e )	
Date of Test					Producing Me	thod (Flow, pu	rup, gas lýs, e	ic.)		<del></del>	1
Length of Test	Tubing Pressure				Casing Pressur	e		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					I						
Actual Prod. Test - MCF/D	Length of Te	st			Bbls. Condens	ile/MMCF		Carrier			,
esting Method (pilot, back pr.)	ubing Pressure (Shut in)				· 1-pur ga			Gravity of Condensate			
					Casing Pressur	e (Shut-in)		Choke Size	r <del>buly as</del>	•	
I. OPERATOR CERTIFICATE OF COMPLIANCE  Thereby 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.					OIL CONSERVATION DIVISION						
nowledge and belief.					Date Approved MAY 0.8 1989						
Systems J. Hampton					By 3 de						
J. L. Hampton Sr. Staff Admin. Suprv. Printed Name Title Janaury 16, 1989 303-830-5025					SUPERVISION DISTRICT # 3						
Date   303-830-5025					11118						

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
- 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.