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

OIL CONSERVATION DIVISION

P.O.Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| i | 10 16 | ANSPORT OIL | - AND NAT | UNAL GAS | | • • • | | | |
|--|--|---------------------|---|-----------------------------------|--|---|---------------|------------|--|
| Operator Amoco Production Company | | | | | Well AP | Well API No. 3004523587 | | | |
| Address P.O. Box 800 Denver | Col | orado | 80201 | | | | | | |
| Reason(s) for Filing (Check proper box) | | | Other | (Please explain | 1) | | | [| |
| New Well | Change in 7 | Fransporter of: | | | | | | | |
| Recompletion X | Oil | Dry Gas | | | | | | | |
| Change in Operator | 1 | Condensate | | | | | | | |
| f change of operator give name and address of previous operator | | | | | | | | | |
| II. DESCRIPTION OF WELL AND LEASE Rase Name Well No. Pool Name, Including | | | as Exemption Kind (| | | f Lease No. | | | |
| Lease Name Jacquez LS | DI. | | | е | State, F | Kind of Lease Lease No. State, Federal or Fee Fee | | | |
| Location | | | II. | 146 | 0 - | | East | * : | |
| Unit Letter B | 790 | Feet From The N | lorth Line a | nd146 | O Fee | t From The | Lust | Line | |
| Section 29 Township | 31 North | Range 9 Wes | st ,NMP | М, | | San Juan | ., | County | |
| III. DESIGNATION OF TRANS | | | RAL GAS | | , | | to so he o | omel 1 | |
| Name of Authorized Transporter of Oil 4 4110 | or Condensate | | Address (Give | | | | | | |
| Name of Authorized Transporter of Casin | nghead Gas | or Dry Gas X | Address (Give | | | | rm is to be s | ent) | |
| i i discritation due company | | | P. O. Box 4990, Farmington, NM 874 Is gas actually connected? When? | | | | | | |
| If well produces oil or liquids, give location of tanks. | location of tanks. | | | | | | | | |
| If this production is commingled with that | from any other lease | or pool, give commi | ingling order nu | mber: | | | | | |
| IV. COMPLETION DATA | Oil Wei | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | | _ X | | | | X | | <u> </u> | |
| Date Spudded 08-31-79 | Date Compl. Ready to | Total Depth 7662' | | | P.B.T.D. 6400' | | | | |
| Elevations (DF,RKB,RT,GR,etc.) | Name of Producing F | Top Oil/Gas Pay | | | Tubing Depth | | | | |
| 6260' GR Mesaverde | | | 4840' | | | 5350' | | | |
| Perforations 48 | 40' - 5400' | | | | | Depth Casing | Snoe | | |
| | TUBING | , CASING AND | CEMENTI | NG RECOR | D | | | | |
| HOLE SIZE | CASING & T | DEPTH SET | | | SACKS CEMENT | | | | |
| 13 3/4" | 9 6/8" | 222' | | | 180 sx | | | | |
| 8 3/4" | 7* | | 3549' | | | | 500 sx | | |
| 6 1/4" | 4 1/2" | 7660' 6350' | | | 335 sx | | | | |
| V. TEST DATA AND REQUED OIL WELL (Test must be after a Date First New Oil Run To Tank Length of Test | ST FOR ALLOW recovery of total volume Date of Test | | Liner ust be equal to on Producing Me | r exceed top al thod (Flow, pu | set 76 llowable for imp, gas lift, | this de vr b | NOV1 | 1993 | |
| Actual Prod. During Test | Oil - Bbls. | | Water - Bbls. | | | Gas - MCC | | | |
| Actual Frod. During Test | Oil Dois. | | | | | U | - 016. | | |
| GAS WELL | | | | | | - C | anda====== | | |
| Actual Prod. Test - MCF/D 440 | Length of Test | | Bbls. Condensate/MMCF | | | Gravity of Condensate | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Sh | | Casing Pressu | | | Choke Size | | | |
| Flowing | 30 psi | | 380 psi | | | 3/4" | | | |
| VI. OPERATOR CERTIFICA | | | | OIL CON | ISERV. | ATION I | DIVISIO | NC | |
| 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 | | | | NOV 1 5 1993 | | | | | |
| information given above is true a | nu complete to the l | uost of Hiy | Date | : Approv | /ed | INO A I | J 1773 | | |
| Signature Comy | | | By_ | Original | Signed by | CHARLES G | iolson | | |
| Mike Curry Printed Name | Bı | rsiness Analyst | | | | | | | |
| 11/12/1993 | (303) 830-4 | | Title | DEPUTY | OHL & GAS | INSPECTOR. | DiST. #3 | | |
| Date | Tel | ephone No. | | | | | | | |

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 Bulle 1111

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 4) changes.