Submit 5 Cupies
Appropriate District Office
DISTRICT!
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION I. TO TRANSPORT OIL AND NATURAL GAS Operator AMOCO PRODUCTION COMPANY Address P.O. BOX 800, DENVER, COLORADO 80201 Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Oil Oil Oil Oil Oil Oil Oi
Operator AMOCO PRODUCTION COMPANY AMOCO PRODUCTION COMPANY Address P.O. BOX 800, DENVER, COLORADO 80201 Reasonty for Filing (Check proper box) New Well Change in Transporter of: Recompletion Grainghead Gas Change of operator Clainghead Gas Codentate Other (Please explain) Other (Please exp
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P.O. BOX 800, DENVER, COLORADO 80201 Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Other (Flears explain) New Well Change in Transporter of: Recompletion Other (Flears explain) New Well Change in Transporter of: Recompletion Other (Flears explain) New Well Change in Operator Casinghead Gas Condentate It change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name MUDGE C 1 BASIN FRUITLAND COAL GAS FED SF-078096 Location Unit Letter M 890' Feet From The S Line and 1015' Feet From The S Line and 1015' Feet From The Iline Section Township Township The Section of Township Township The County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condentate Or Dry Gas [XX] Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas FLOS BOX 4990, FARMINGTON, NM 87499 If well produces oil or liquids, Unit Soc. Twp. Re. it gas estually connected? When?
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If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA
Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Dack Same Res'v Diff Res'v XX XX XX
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
5/19/80 1/17/92 7481' 2966'
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil Cas Pay Tubing Depth
6106' FRUITLAND COAL 2504' 2754'
Fruitand Coal 2504'-2748' Depth Casing Shoe
TUBING, CASING AND CEMENTING RECORD
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
13 3/4" 9 1 5/8" 254' 175 SX TOC: SURFACE
8 3/4" 7" 3215' 650 SX TOC: 500' 61/4" 4 1/2" 7480' 490 SX TOC: 3493'
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, purp, gas 1917)
Length of Test Tubing Pressure Casing Pressure APR 2 0 1932
Actual Prod. During Test Oil - Bbls. Water - Bbls. Oil CON. CIV.
GAS WELL
Actual Prod. Test - MC17D Length of Test libis. Condensate/MMC1! Gravity of Condensate
410 24 -0-
Testing Method (pitot, bock pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Chioke Size
FLOWING 250 370 22/64
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 correplete to the best of my knowledge and belief. Date Approved JUN - 8 1992
(Inthia Bunton/ Aln)
Signature Cynthia Burton, Staff Admin. Supervisor Friedd Names () 5 () 6 () Title Supervisor Su
7 15 92 303-830-5119 Title
Date Telephone 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