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Appropriate District Office DISTRICT I 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

1000 RIO BIAZOS RG., AZICC, IVII 674	REQUEST FOR ALLOWABLE AND AUTHORIZATION			
I.	TO TRANSPORT	OIL AND NATURAL GAS	Water Pd 2815635	
Operator	Attentic	on:	Well API No.	
AMOCO PRODUCTION COMPANY		Scott Sullivan	3004524501	
Address P.O. Box 800,	Denver	Со	80201	
Reason(s) for Filing (Check proper box)		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion	Oil Dry Gas			
Change in Operator	Casinghead Gas Condensate			
f change of operator give name				

Address P.O. Box 800,	Denver		Co		80201		
Reason(s) for Filing (Check proper be	ox)	Other (Please expla	in)				
New Well	Change in Transporter	r of:					
Recompletion	Oil Dry Gas						
Change in Operator	Casinghead Gas Condensat						
f change of operator give name and address of previous operator							
-							
II. DESCRIPTION OF WEL					<u> </u>		
Lease Name	Well No. Pool Name	e, Includi	ing Formation		Lease Lease No.		
FIELDS			Mesaverde			NM-010989	
Location						_	
Unit Letter	1270' Feet From	TheN	lorth Line and 127	<u>'0'                                   </u>	et From The SAS	T Line	
	00.11	44.14			CAN HIAM		
Section 28 Town	ship 32 N Range	11 W	,NMPM,		SAN JUAN	County	
III. DESIGNATION OF TRA	ANSPORTER OF OIL AND	NATII	RAL GAS				
Name of Authorized Transporter of C	~		Address (Give address to wh	ich approved	d copy of this form	is to be sent)	
Mercidian Ail	$\begin{array}{c c} \hline 2815433 \end{array}$		3535 30th St		- ' ' '	NM 87401	
Name of Authorized Transporter of C		s 🔽	Address (Give address to wh				
EL Paso Natural Ga		rtsri	P.O.Box 4990	·	reton NM	87499	
If well produces oil or liquids,	Unit Sec. Twp.	Rge.	Is gas actually connected?	When	- 1	<u> </u>	
give location of tanks.		•		i			
If this production is commingled with	that from any other lease or pool, giv	ve commi	ngling order number:				
IV. COMPLETION DATA							
	Oil Well Ga	as Well	New Well Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v	
Designate Type of Complete	ion - (X)						
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
11-15-80	03-29-93	03-29-93			07730		
Elevations (DF,RKB,RT,GR,etc.)	Name of Producing Formation	Name of Producing Formation			Tubing Depth		
6339'GR	6339'GR Mesaverde		4574		5393,		
Perforations		,		Depth Casing Shoe			
4/274-20	''				l	·····	
			CEMENTING RECOI	<u>SD</u>			
HOLE SIZE	CASING & TUBING SI	ZE	DEPTH SET		SACKS CEMENT		
12 1/4"	9 5/8"		264'		250sx CI B W/2% CACI 510sx Howco lite, 150 sx CI B		
8 3/4*	23/8"		3699°		250sx Howco Lite,		
6 14"	4 1/2"		7766		150 sx Cl B		
V. TEST DATA AND REQUOIL WELL (Test must be aft	JEST FOR ALLOWABLE her recovery of total volume of load oi	I and mu	st he equal to or exceed top a	llowable for	this denth or he fo	or full 24 hours.)	
Date First New Oil Run To Tank	Date of Test	· una ma	Producing Method (Flow, p.	ımp, gas lift	, etc.)		
				r#	Nino P A P		
Length of Test	Tubing Pressure		Casing Pressure		Cloke Size		
-							
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		GAPRCF 2 1993		
	0		30		- 100 <b>0</b>		
GAS WELL			OIL CON				
Actual Prod. Test - MCF/D Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size	
	220	1 - '		460		1/4"	
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE						
I hereby certify that the rules			OIL COM	ISERV	ATION DI	VISION	
	en complied with and that the			· · · ·			

information given abov	e is true and complete to the best of my
Scott Sull	iwan
Signature	$\overline{\mathcal{D}}$
Scott Sullivan	Business Analyst
Printed Name	
4-1-93	(303) 830-4756
Date	Telephone No.

Date Approved ORIGINAL SIGNED BY ERNIE BUSCH

Title DEPUTY OIL & GAS INSPECTOR, DIST. #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.
3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such 4) changes.