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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 State of New Mc Energy, Minerals and Natural Re

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		7	OTR/	ANSF	PORT OIL	AND NA	ATURAL G	AS						
) perator											Well API No.			
Amoco Production Company							3004526839							
1670 Broadway	y, P. O. I	Box 800	, Denv	er,	Colorad	o 8020	1							
Reason(s) for Filing (Che	ck proper box)			-		O	her (Please exp	dain)						
New Well	[]	Oiŧ	Change in	n Trans Dry (
tecompletion Thange in Operator	X		-		lensate									
change of operator give	name Tent					Willow.	Englewo	od C	olor	ado 80	155			
nd address of previous op							D. ATCHO	<u></u>	<u> </u>	<u>uuuuu</u>	<u> </u>			
I. DESCRIPTION Lease Name	OF WELL	AND LEA	Well No.	Pool	Name, Includ	ing Formation	1				Le	ase No.		
RIDDLE C	1 I '				TURED CLIFFS) FEDER			RAL SF 078319A						
ocation														
Unit Letter _	P	_ : 11	75	_ Feet	From The FS	L L	ne and 890		Fee	t From The	FEL	Line		
Section 30	Township	31N		Rang	ow	1	NMPM,	SA	N JU	IAN		County		
Section 30	Townshij	p <u>5111</u>		Kang	(E) (1	<u>-</u>	AINTE INI		<u> </u>	77.11.				
II. DESIGNATIO	N OF TRAN	SPORTE			ND NATU	RAL GAS	3							
lame of Authorized Tran	1//	- L]	or Conde	nsale	K	1	ive address to v	-				u)		
GIANT REFINING						P. O. BOX 256, FARMINGTON, NM 87499 Address (Give address to which approved copy of this form is to be sent,						m)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas [X] EL PASO NATURAL GAS COMPANY						P. O. BOX 1492, EL PASO, TX 79978						-/		
f well produces oil or liq		Sec.	Twp	Rge	1	illy connected?		When		<i></i>				
ive location of tanks.		11		l	l	<u> </u>		l						
this production is comm V. COMPLETION		from any oth	er lease o	r pool,	give comming	ling order au	inber:							
v. Commination	- DATA		loit We	ıı l	Gas Well	New Wel	Workover	De	pen	Plug Back	Same Res'v	Diff Res'v		
Designate Type o	- (X)	i	i		İ	i	<u>i</u>	<u>i</u>			<u> </u>			
Date Spudded	Date Comp	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.					
tavations (INF DER DT	CP etc.)	Name of P	roducing I	omati	00	Top Oil/Ga	s Pay			Tubing Dep	ıh			
Revations (DF, RKB, RT, GR, etc.) Name of Producing Formation														
erforations						1				Depth Casin	g Shoe			
						CELTERIS	TING DEGO	n D		<u> </u>				
	TUBING, CASING AND CASING & TUBING SIZE				CEMENI	DEPTH SET			SACKS CEMENT					
HOLE SI	5 E		Silitor G	ODIN	J.J.L.		De. Milde					Ti 12		
. TEST DATA A	NB DEGHE	 ST FOR A	TEOU	ÁRI	F	J				1				
. TEST DATA A OIL WELL — πε	ist must be after r	ecovery of to	tal volum	e of loa	nd oil and mus	t be equal to	or exceed top a	llowable	for this	depth or be	for full 24 hou	rs.)		
Date First New Oil Run		Date of Te					Method (Flow,							
					Casing Pressure				Choke Size					
ength of Test	Tubing Pressure				Casing Pressure									
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF						
		<u> </u>]				
GAS WELL														
Actual Prod. Test - MCT	Length of Test				Bbls. Cond	Bbls. Condensate/MMCF			Gravity of Condensate					
esting Method (pitot, ba	Tubing Pressure (Shut in)				Casing Fre	Casing Pressure (Shul-in)			Choke Size					
annia received thouse on	p y			,			,							
VI. OPERATOR	CERTIFIC	ATE OF	COM	PLI/	NCE		OII 00	NOT	D	ATION:	ביים ביים			
I hereby certify that the	he rules and regul	lations of the	Oil Cons	ervation	n		OIL CO	NSE	H۷	AHON	אואוטו	אוכ		
Division have been or is true and complete t	•			ven ab	ove	li _			M	80 YA	1989			
as not and complete t	A D	Automicoge at	JUNE STATES			Da	te Approv	ed _	11	, <u> </u>	· ·			
J. L.	Han	Stor	V			n		3.	~). <i>O</i> l				
Signature		V			_	Ву		RIIP	FRVI	SION DI	STRICT	73		
J. L. Hampton Printed Name	a Sı	r. Staf	t_Adm:	in. 3 Tide	Suprv	Titl	٥		•					
Janaury 16,	1989				-5025		<u> </u>							
Date			Te	tephon	e No.	11								

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.