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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

OIL CONSERVATION DIVISION

P.O. Box 2088

Sama Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artonia, NM \$2210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	neuo T	OTRA	VSP(ORT OIL	AND NA	TURAL GA	S				
Operator		Wall API No. 30-045-27001									
Amoco Production Co	npany						130-0	145-2700	1		
Address 6162 S. Willow Driv	e, Engle	wood,	CO	80111					<u></u>		
Resecu(s) for Filing (Check proper box)				_		et (Plaese expla					
New Well	Oil	Change in 7	Dry Go			on of Lic		nsporte	r		
Recompletion U		Ges 🔲	•		Change	in Opera	itor				
Change of operator give name To					llow Dr	ive, Engl	ewood,	CO 801	11		
and address of previous operator											
II. DESCRIPTION OF WELL Lesse Name	SCRIPTION OF WELL AND LEASE Well No. Pool Name, Include					ne Formation K			d of Lease No.		
Neil LS		8R Blanco Mes			State			Federal or Fee SF-078051			
Location							_		F - 1		
Unit Letter H	_ :20	55	Feet Fr	rom The	lorth L	885) F•	et From The	Last	Line	
4	nin 31	M :	Range	1	1W .N	мpм. Sa⊤	ı Juan			County	
Section 4 Towns	<u>nb 21</u>	IX	ALL ST		111 , 11	WILLIAM CO.	1_000,.				
III. DESIGNATION OF TRAI	NSPORTE	R OF OI	L AN	D NATU	RAL GAS				io to be a	·=/)	
same of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent) BOX 460, Hobbs, NM 88240						
CONOCO Name of Authorized Transporter of Casi	nehead Gas	head Gas or Dry Gas X				Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas						92. El Pa	aso, IX	79978			
If well produces oil or liquids,	Unit		Twp.		is gas actual	y commerced?	When	7			
give location of tanks. If this production is commingled with the	1 H		31 N	1 1 W	Yes	ber:					
IV. COMPLETION DATA	t Hom any our	et rouse or p	, g	**							
	- ~	Oil Well	Ţ	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		xi. Ready to			Total Depth	l	<u> </u>	P.B.T.D.	1	<u> </u>	
Date Spudded	Date County	A. A	,		•						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing			mation	5	Top Oil/Ges Pay			Tubing Depth			
								Depth Casing Shoe			
Perforations											
	TUBING, CASING AND					CEMENTING RECORD					
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					ļ			 			
					-	· · · · · · · · · · · · · · · · · · ·					
								<u> </u>			
V. TEST DATA AND REQUI	ST FOR A	LLOWA	BLE			d cam all	bio for th	io donah ne ba	for full 24 hos	ers)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		of load	ou and must	Producing N	lethod (Flow, p	omp, gas lift.	Ha) (A II'	a na ic	m	
Diffe Life Leen On Your 10 1-	Date of 1e	Date of Year						كا تا يا	IVE	 	
Length of Test	Tubing Pre	STARTE.			Casing Pres	N.C.	-ijj	Choke Size		الكا	
Assert Band During Test	Oil - Bbls.	Oil Phi				<u> </u>		GEP MCP	1989		
Actual Prod. During Test	Ou - Bois.						EN	امعال	VIQ_L		
GAS WELL	1						3	::- - 	. 3	-A	
Actual Prod. Test - MCF/D	Length of	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
		Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choka Size	Choka Size		
Tooling Method (pilot, back pr.)	I morag sur	HERTIG (2007)	-100)		Casing Fies	- (CEE 111)					
VL OPERATOR CERTIFI	CATEO	COMP	T TA	NCE	1					~	
Thereby certify that the rules and re				INCL		OIL COI	ISERV	ATION	DIVISIO	ON	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						_			200		
is true and complete to the best of m	y anowienge a	nd Dellet. /			Dat	e Approve	dFE	B 22 19	1KA		
Still Foster							7 `	d	_/		
Steve Foster/Sr. Administrative Analyst					By_		<i>ر عمست</i>		~	A	
Drinted Name				Alla i ys t	Title		OPERVI	ION DI	TRICT#	•	
2/17/89	(303)	740-244			""	·					
Date		Tele	bycas	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 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.