Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico nergy, Minerals and Natural Resources Depar

Form C-104 Revised 1-1-89 See Instructions at Bottom of Pag

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

AUG i 7 1992

1000 Rio Brazos Rd., Aztec, NM 87410	REOL	IEST E		11 OW	/ A E	BLE AND	ΔΙΙΤ	ום	フォエロハ	O. C.	D.		
I.						AND NA				WHYSIA (Jernie		
Operator	7							, .L (J.		API No.	PI No.		
Amoco Product	ton C	ompa	u-y 1	/			·			30-015	- 104	65	
Address P.O. Box 3092	\rightarrow	-n. s+	O N	Tx		77253	2						
Reason(s) for Filing (Check proper box)				1 , ,-				ase expl	ain)			<u> </u>	
New Well		Change in	Transp	orter of:				•	•				
Recompletion	Oil		Dry G	_			Eff	ecti	Ve 8	11/92			
Change in Operator	Casinghea	ad Gas	Conde	nmte 2	<u> </u>								
If change of operator give name and address of previous operator											·		
II. DESCRIPTION OF WELL	AND LE	ASE											
Lanca Maria		1	Pool I	Vame, inc	clud	ing Formation	_		Kino	of Lease		Lease No.	
Emperor Oil Co Fed Ga	5/B/ com	4 /	Ge	older	۸.	Lane =	>+~	a W n	State	Federal or I	ee [[-070286	
Location Unit Letter	10	180.				N Lin		19	80		V	1	
	- :		Feet F	rom The	· —	N Lin	e and .			Feet From The	·	Line	
Section 28 Township	, 20	5	Range	, 3	0	€ ,N	MPM,		Edd	4		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	II. AN	ND NA'	TT I	RAL GAS							
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)												
Amoco Pipeline - ICT						502 N. West Ave Levelland Tx 79336							
Name of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)							
If well produces oil or liquids,	Unit	Sec.	Twp.	F	₹ge.	Is gas actuali	y conn	ected?	Whe				
give location of tanks.	i F	28	20		_	_			i_				
If this production is commingled with that if IV. COMPLETION DATA	from any oth	her lease or	pooi, gi	ive comm	ning	ling order mum	ber:						
IV. COMPLETION DATA		Oil Well		Gas Wel	<u> </u>	New Well	Wor	kover	Deepen	Plug Back	Same Res	'v Diff Res'v	
Designate Type of Completion	- (X)		i i	0			 	20101	i supu	Tiug Deci			
Date Spudded	Date Com	pi. Ready to	Prod.			Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas	Pay			Tubing De	Tubing Depth		
Traine of Fronting Comments						•	•			Tubing De	Tuoning Depth		
Perforations						,				Depth Cas	ing Shoe		
		HIDING	CASI	DIC AR	<u></u>	CEMENTI	NG P	ECOP	חים				
HOLE SIZE	1	SING & TI			<u>. VIJ</u>	CENTENTI		TH SET	<u> </u>		SACKS CE	EMENT	
						5° 16 5° 5° 5° 5° 5° 5° 5° 5° 5° 5° 5° 5° 5°							
								<u>u</u>		-		<u> </u>	
V. TEST DATA AND REQUES	TFOR	ALLOW	ABLE	<u> </u>		<u></u>			<u></u>	^{्रीङ् 199} 2	<u> </u>		
OIL WELL (Test must be after r					musi							hours.)	
Date First New Oil Run To Tank	Date of Te	:\$I				Producing M	ethod (Flow, p		eic.)	IV_*I		
Length of Test	Tubing Pro	eedim	-			Casing Press	ure		₩ ੲ	Choke Siz	e		
Long at the state of the state	I doing Fit	CRAUIC				Canal I I was							
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	.			Gas- MCI	Gas- MCF			
	:					<u>l</u>							
GAS WELL Actual Prod. Test - MCF/D						Int. C. I		0.000		10			
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condex	Marie/IV	IMCF		Gravity of	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Press	Casing Pressure (Shut-in)				Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	F COME	PLIA	NCE			~ III	\sim	ICED\	/ATION	שועופ	ION	
I hereby certify that the rules and regula							JIL	COI	NOEN (AHON	פועוטו	ION	
Division have been complied with and is true and complete to the best of my i			CI 800\	YE		D=4-			ا ب	AUG 1 8	1002		
Λ.μ - Λ Λ -						Date	» Ap	prove	ia'	I C	IJJZ		
Watthew Clit	<u> </u>				_	D.,	,	אורו א ר	NAL CIC	UED DV			
Signature Matthew C. Wines Admin. Analyst						by_	By ORIGINAL SIGNED BY MIKE WILLIAMS						
Printed, Name; Title						Title SUPERVISOR, DISTRICT IF							
7/23/92	(713)				_	'"."				<u> </u>			
Date		Tele	ephone	140.		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.