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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** 

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

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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 JAL 22 '90

DISTRIC					
1000 Rio	Brazos	Ra.	Aziec,	NM	87410

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87	410			ŕ				Ų, €, Đ.	n.F		
I.	REC		_		_	AUTHOR TURAL C		ARTESIA, OFFIC	î.		
Operator		70 IR	ANSF	OH! OII	L AND NA	TUHAL	_	API No.			
Amoco Production Company					30-015-20918						
Address	••		252			-	•		<del></del>		
P.O. Box 3092  Reason(s) for Filing (Check proper b	Houston,	TX //	253	······································		net (Please exp	dai-1				
New Well	<b>W</b> )	Change is	a Trans	porter of:		ner (Linean exp	Rain)				
Recompletion	Oil		Dry C		D.C.C.		1 00				
Change in Operator	Casingh	ead Gas	Conde	casate	Elle	ctive 2-	1-90				
if change of operator give name						<del></del>					
IL DESCRIPTION OF WE	LL AND LE	EASE									
Lones Name		Well No. Pool Name, Include					of Lease		.ease No.		
Old Indian Draw Un	it	1	Ind	ian Dra	w Delawa	are ———	Siste	Federal CK ::: 1	NM-04	15688-A	
Location	198	0		9	South	198	0		East	•	
Unit Letter	:	<del></del>	_ Feat F	From The	Lis	e and	F	eet From The _		Line	
Section 18 Tow	raship 2	22-S	Range	28-E	, N	MPM,	Eddy			County	
TT DESCRIPTION OF THE											
III. DESIGNATION OF TR Name of Authorized Transporter of C	N:1	OF Conde		ND NATU		n address to s	which amount	copy of this for			
Pride Pipeline Com	X							, TX 796		D4)	
Name of Authorized Transporter of C			or Dry	Ges				copy of this for			
W 11 12 13 13 13 13 13 13 13 13 13 13 13 13 13		1 -	1=	1							
if well produces oil or liquids, pive location of tanks.	Unait !.⊺	Sec.   18	<b>Twp.</b> 22	Rgs.   28	is gas actuali No	y connected?	When	7			
f this production is commingled with	<del>`</del>					ber:		<del></del>			
V. COMPLETION DATA											
Designate Type of Complete	ion - (X)	Oil Well	i	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Date Spudded		ipl. Ready to	Prod.	<del></del>	Total Depth		<del></del>	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			3	Top Oil/Gas	Pay		Tubing Depth				
Perforations								Depth Casing	Shoe	-	
HOLE OFF					CEMENTI	NG RECOR					
HOLE SIZE	CA	CASING & TUBING SIZE			DEPTH SET			S.	TO-		
					<del> </del>		· <del></del>	1-	16-9		
										PER	
. TEST DATA AND REQU	IFCT FOD	ALLOW	ADIE	<del>_</del>	<u> </u>	·			<u> </u>		
OIL WELL (Test must be of					be equal to or	exceed too ail	owable for thi	e depth or he for	full 24 hou	P# 1	
Date First New Oil Rua To Tank	Date of To		<del>-,</del>			ethod (Flow, p			<del>/</del>		
							· · · · · · · · · · · · · · · · · · ·				
Length of Test	Tubing Pr	911689			Casing Pressure			Choka Size			
Actual Prod. During Test Oil - Bbls.				Water - Bbis.			Gas- MCF				
				_							
GAS WELL										·	
Actual Prod. Test - MCF/D	Leagth of	Test	•••		Bbis. Conden	ente/MMCF		Gravity of Con	densite		
esting Method (pitot, back pr.)	Tubing Pr	essure (Shut	•m)		Casing Press	ine (Shistain)		Choke Size			
tang hatas (peu, aca p.)	1.00.00		<b>-</b> ,		Canag : ross	ne (mean)		CHOLE SIZE			
VL OPERATOR CERTIF	ICATE OF	COMP	LIAN	NCE		<del></del>		<u>.</u>			
I hereby certify that the rules and r	egulations of the	Oil Conser	vatice			DIL CON	NSERV	ATION D	IVISIC	N	
Division have been complied with is true and complete to the best of	and that the info	rmation give nd belief	es above	ŧ				FEB	2 1990		
Δ.	_				Date	Approve	d				
Amelia Hartman					OPICINIAL CICALED DV						
Signature				By ORIGINAL SIGNED BY MIKE WILLIAMS							
Amelia Hartman Printed Name	ASST. A	amin.	Anal;	yst		S	UPERVISO	DR, DISTRIC	CT 19		
1-18-90	(713) 9	84-744			Title						

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 entitions of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

3) Fill out only Sections I. II. III. and VI for changes of operator, well name or number, transporter, or other such changes