Submit 5 Copies
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III		Santa	a Fe, New N	lexico 87	504-2088		O. C. D IRTESIA, OF			
1000 Rio Brazos Rd., Aziec, NM 87410	REQUES	T FOF	R ALLOWA	BLE AND	AUTHORI		IK!ESIA, UI	TICE.		
I.					ATURAL G					
Operator Dura du 4 (iomnanu /						API No.			
Amoco Production Company					30-015-26684					
P. O. Box 3092, Ho	ouston, TX	7725	3							
Reason(s) for Filing (Check proper box)					her (Please expl				418	
New Well Recompletion	Chan Oil		unsporter of:		dequesting onth of Ma				bbls	
Change in Operator	Casinghead Gas	_	nodeassate	Perfs:			tom 6202		East	
If change of operator give name and address of previous operator								 .		
II. DESCRIPTION OF WELL	ANDIFACE									
Lease Name Well No. Pool Name, including					ing Formation Kind			I	ease No.	
								Statemant ar Fee		
Location	1972		ı	South	161	: 2		77		
Unit LetterJ	_ :1872	Fe	et From The	Lin	ne and165	F	eet From The .	East	Line	
Section 22 Townshi	ip 23-S	Ra	nge 28-E	,N	мрм, І	Eddy			County	
III DESIGNATION OF TOAR	CDADTED AL	- 011	A BUD BLACTE	TAIL CAG						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR Name of Authorized Transporter of Oil X or Condensate					Address (Give address to which approved copy of this form is to be sens)					
Pride Pipeline					P. O. Box 2436, Abilene, TX 79604					
Name of Authorized Transporter of Casin	_] or	Dry Gas	1	ve address to wh		_		ent)	
If well produces oil or liquids. I brit Sec Turn Dec				P. O. Box 1492, El Paso, Tx 79978 Is gas actually connected? When?						
give location of tanks. Test Tanks J 22 23-S 28-E					No					
f this production is commingled with that IV. COMPLETION DATA	from any other leas	or pool	, give comming	ing order nur	ber:					
V. COMPLETION DATA	loii v	Vell	Gas Well	New Well	Workover	Deepen	Dive Deals	S D 1		
Designate Type of Completion	- (X)			New West	WOLLOVEI	Doeben	Plug Back	Same Kesv	Diff Res'v	
Date Spudded	Date Compl. Read	ly to Pro	d.	Total Depth			P.B.T.D.			
Elevanons (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe		
	TUBIN	IG. CA	SING AND	CEMENTI	NG RECORI		<u> </u>			
HOLE SIZE				DEPTH SET			SACKS CEMENT			
TEST DATA AND REQUES OIL WELL (Test must be after re					1. "					
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	me of lot	ia ou ana mies		exceed top allow thod (Flow, pure			r juli 24 hou r	3.)	
							_			
ength of Test				Casing Pressure Water - Bbls.			Choke Size			
Actual Prod. During Test							Gas- MCF			
GAS WELL										
ctual Prod. Test - MCF/D Length of Test				Bbls. Condensus/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Choke Size		
L OPERATOR CERTIFICA					NI CONI	SEDVA	TION	W//CIO	A.1	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CON	DERVA	TION L	INIZIO	'N	
is true and complete to the best of my knowledge and belief.				Date	Approved	ŧ	1A Y - 6	1991		
Kim A. Colum				Dale	whhioved			.001		
Signature				By ORIGINAL SIGNED BY						
Kim A. Colvin Asst. Admin. Analyst				MIKE WILLIAMS						
Title 5/2/91 596-7686				Title SUPERVISOR, DISTRICT IF						
Date Telephone No.				Mental of the production of the state of the						

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