ubmit 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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Antesia, NM. 88210 DISTRICT III

DU Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWABLE AN

1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST F	OR ALLOW	ABLE AND AUTH	ORIZATION				
TO TRANSPORT OIL AND NATURAL GAS					Well API No.			
ANOCO PRODUCTION COMPANY					300390608200			
P.O. BOX 800, DENVER,	COLORADO 802	01						
Reason(s) for Filing (Check proper box) New Well	Change i	n Transporter of:	Other (Pleas	e explain)				
Recompletion []		Dry Gas]					
Change in Operator	Casinghead Gas	Condensate X]		~~.			
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WELL	AND LEASE							
Lease Name JICARILLA CONTRACT 146 Well No. Pool Name, Inc 0TERO CI				of Lease Federal or Fee	Lease No.			
Location Unit Letter	. 1591	Feet From The	FSL Line and	1594	set From The	FEL Line		
09	_ 25N	54	1		ARRIBA	Line		
Section U9 Townshi	P 25K	Range J''	, NMPM,		ARRIDA	County		
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NAT						
Name of Authorized Transporter of Oil	or Coude	uzate [X]	Address (Give address					
GARY WILLIAMS ENERGY ON Name of Authorized Transporter of Casing		or Dry Gas [X	P.O. BOX 15					
EL PASO NATURAL GAS CO	7		P.O. BOX 14	92, EL PASC				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. R _i	ge. Is gas actually connect	ed? When	Í			
f this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give commi	ngling order number:					
IV. COMILETION DATA	Oil Wel	Gas Well	New Well Worko	ver Deepen	Plug Back Sai	me Res'v Diff Res'v		
Designate Type of Completion	.,	i	ii	<u>i ' </u>		i		
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation		Top Oil/Gas Pay	Top Oil/Gas Pay Tubing Depth					
Perforations				Depth Casing S	hoe			
	TUDING	CACING AN	D CEMENTENIC DE	CORD	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		DEPTH		SAC	SACKS CEMENT		
			_					
				·····	ļ			
V. TEST DATA AND REQUES								
OIL WELL (Test must be after r Date First New Oil Rua To Tank	Date of Test	of load oil and m	Producing Method (Fla			E (A)		
			``	- A K	GEIA	E 1111		
Length of Test	Tubing Pressure		Casing Pressure	in in	Choke Size			
Actual Prod During Test	Oil - Bbls.		Water - Bbls.	110		1		
					CON	DIA"		
GAS WELL	•			Ol	nist.			
Actual Prod Test - MCF/D	Length of Test		Bbls. Condensate/MM	2F 	Gravity of Cond	lensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-	in)	Choke Size			
VI. OPERATOR CERTIFIC	ATE OF COME	PLIANCE		· 	4			
I hereby certify that the rules and regula	ations of the Oil Conser	vation	OILC	ONSERV	ATION DI	VISION		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved JUL 2 1990				
11.1 100	D- min salial.		Date Appr	oved Ju	, , , , ,			
L.H. Whiley			Ву	1 1) d.				
Signature Doug W. Whaley, Staf	ff Admin. Sup	ervisor Tale		SUPERVI	SOR DISTR	ICT #3		
June 25, 1990		830-4280 phone No.	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
- 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.