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Appropriate District Office
DISTRICT 1
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 III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

TOTRA	NSPORT (OIL AND N	IATURAL GA		*****************				
Peratur AMOCO PRODUCTION COMPANY				Well API No. 300390615400					
COLORADO 8020)1								
Change in	Transporter of:]	Other (Please expla	nin)					
ND LEASE									
Well No.	Pool Name, Inc BLANCO	luding Format IESAVERD	on E (PRORATEI				ase No.		
: Feet From The		FSL	FSL Line and 1820 Fee			FWL Line			
25N	Range 51	·	, NMPM,	RIO	ARRIBA		County		
	neale			uch approved	copy of this f	orm is to be se	nt)		
Name of Authorized Transporter of Oil or Condensate									
nead Gas	or Dry Gas	Address	Give address to wi	tich approved	copy of this fo	orm is to be se	nu)		
1PANY Unit Sec.	Twp.		P.O. BOX 1492, EL PASO, TX 79 is gas actually connected? When?			9978			
om any other lease or	pool, give comm	ingling order	umber:						
Oil Well	Gas Wel	I New W	ell Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
	o Prod.	Total De	×h	L	P.B.T.D.	· · · · · · · · · · · · · · · · · · ·			
Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations			Depth Casing Shoe						
	0.000	ID CENTER	TING DECOR	<u> </u>					
			DEPTH SET			SACKS CEMENT			
					ļ				
T EOD ALLOW	ABLE				J				
covery of total volume	ABLE of load oil and	nust be equal i	o or exceed top all	omable for the	s depth or be	for full 24 hou	rs.)		
Date of Test									
Tubing Pressure		Casing P	Casing Pressure		ECEINEW				
Oil - Bbis.			Water - Bbls.			JUL 2 1990			
Leavily of Test		Bbls. Co	ndensate/MMCF	Ol			1		
					DIST.				
Tubing Pressure (Shu	ग∙ เข)	Casing F	ressure (Shut-in),		Choke Size				
ntions of the Oil Conse hat the information gi nowledge and belief. Ff Admin Sup	rvation ven above Dervisor Title -830-4280	- В - Т	ate Approve	ال bd (مندق)L 2 19	90			
	Change in Oil Casinghead Gas Casinghead Gas Singhead Value of Test Singhead Gas Sin	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate Day ND LEASE Well No. 11 Pool Name, Inc. BLANCO N 1510 Feet From The 25N Range SV PORTER OF OIL AND NA Or Condensate X RPORATION lead Gas Or Dry Gas X RPORATION lead Gas Or Dry Gas X RPANY Unit See. Twp. R Oil Well Gas Well (X) Oil Well Gas Well (X) Oil Well Gas Well CASING & TUBING SIZE TUBING, CASING AN CASING & TUBING SIZE Tubing Pressure Oil - Bbls. Length of Test Tubing Pressure (Shul-in) ATE OF COMPLIANCE tions of the Oil Conservation hat the information given above nowledge and belief. f Admin Supervisor Title 303-830-4280	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate X ND LEASE Well No. Pool Name, Including Formation 11 PLANCO MESAVERDE 25N Range 5W PORTER OF OIL AND NATURAL GA PRORATION P.O. Paddress (PANY Unit Soc. Twp. Rge. Is gas act Om any other lease or pool, give commingling order at (X) Date Compt. Ready to Prod. Total Dep Name of Producing Formation Top Oil/O TUBING, CASING AND CEMEN CASING & TUBING SIZE Tribing Pressure Casing Producing Oil - Bibls. Water - E Tubing Pressure (Shut-in) Casing P ATE OF COMPLIANCE those of the order o	Change in Transporter of: Oil	OLORADO 80201 Change in Transporter of: Ol Dry Gas Casinghead Gas Condensate X ND LEASE Well No. Pool Name, Including Formation BLANCO MESAVERDE (PRORATED) GAState, 1510 Peet From The FSL Line and 1820 Fe 25N Range 5W NMPM, RIO PORTER OF OIL AND NATURAL GAS OF COndensate X P.O. BOX 159, BLOMFIE BLANCO TOY Gas X Address (Give address to which approved P.O. BOX 1492, EL PASO P.O. BOX 159, BLOMFIE BLANCO TOY Gas X Address (Give address to which approved P.O. BOX 1492, EL PASO DREONATION P.O. BOX 159, BLOMFIE BLANCO TOY Gas X Address (Give address to which approved P.O. BOX 1492, EL PASO DREONATION P.O. BOX 159, BLOMFIE BLANCO TOY Gas X Address (Give address to which approved P.O. BOX 1492, EL PASO DREONATION P.O. BOX 159, BLOMFIE BLANCO TOY Gas X Address (Give address to which approved P.O. BOX 1492, EL PASO DREONATION P.O. BOX 159, BLOMFIE BLANCO TOY Gas X Address (Give address to which approved P.O. BOX 159, BLOMFIE BLANCO TOY Gas X Address (Give address to which approved P.O. BOX 159, BLOMFIE BLANCO MESAVERDE TOY BOX 159, BLOMFIE BLANCO MESAVERDE FOR GASTATE OF OIL AND NATURAL GAS TOUR Well Gas Well New Well Workover Deepen TOUR Well Gas Well New Well Workover Deepen TOUR Well Gas Well New Well Workover Deepen TOUR DEPTH SET OIL LONSERV Date Approved By SUPERVIX Title TOUR DEPTH SET TOUR DEPTH SET TITLE TITLE TITLE TOUR DEPTH SET TOUR DEPTH SET TOUR DEPTH SET TOUR DEPTH SET DEPTH SET TOUR DEPT	Colorado Social Colorado Colorado	Well API No. Classing in Transporter of: Other (Please explains) Change in Transporter of: Other (Please explains) Other (Please explain		

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.

Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 300390615400 ANOCO PRODUCTION COMPANY Address BOX 800, DENVER, COLORADO 80201 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion Casinghead Gas Condensate X Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation
BASIN DAKOTA (PRORATED GAS) Kind of Lease Lease No. JICARILLA CONTRACT 146 State, Federal or Fee 11 Location 1820 Feet From The Feet From The Unit Letter 04 25N RIO ARRIBA **NMPM** County Section Township Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate P.O. BOX 159, BLOOMFIELD, NN 87413 Address (Give address to which approved copy of this form is to be sent) GARY WILLIAMS ENERGY CORPORATION Name of Authorized Transporter of Casinghead Gas or Dry Gas X P.O. BOX 1492, EL PASO, TX 79978 EL PASO NATURAL GAS COMPANY Twp. Is gas actually connected? When ? Unit Rge. If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Plug Back Same Res'v Diff Res'v Gas Well New Well | Workover TOIL WELL Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded Top Oil/Gas Pay lubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD

V. TEST DATA AND REQUEST FOR ALLOWABLE

HOLE SIZE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allomable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank

Date of Test

Producing Method (Flow, pump, gas lift, etc.)

Length of Test

Tubing Pressure

Casing Pressure

DE Control

Gas- MCF

JUL 2 1990

DEPTH SET

GAS WELL

Actual Prod. Test - MCF/D

Length of Test

Bbls. Condensate/MMCF

OIL CON CODIX

DIST. 3

Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Doug W. Whaley, Staff Admin. Supervisor
Printed Name
June 25, 1990
Date
Titlephone No.

OIL CONSERVATION DIVISION

SACKS CEMENT

Date Approved JUL 2 1990

By SUPERVISOR CASTER 1 / 3

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Title

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CASING & TUBING SIZE

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