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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 Buttom 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

DECUEST FOR ALLOWARI F AND AUTHORIZATION

					R TE AND NA			_				
. TO TRANSPORT OIL						H UNI	LUA	Well	API No.			
AMOCO PRODUCTION COMPANY								30	03923567	00	·····	
P.O. BOX 800, DENVER,	COLORAD	0 8020	1									
Reason(s) for Filing (Check proper box)		Change in	Tmnee	somer of:	[_] O:	her (Plea	se explai	n)				
New Well L]	Oil	Change in	Dry C	1-1								
Recompletion L		1 Gas 🔲	-	,								
f change of operator give name and address of previous operator												
I. DESCRIPTION OF WELL	ANDIFA	SE										
Lease Name				ding Formation						Lease No.		
JICARILLA CONTRACT 146	<u> </u>	13 N	BA	SIN DAK	OTA (PRO	DRATEI	GAS	) 31216	, Federal or Fe	<u> </u>		
Unit Letter	_ :1	635	Feat !	From The	FSL Li	ne and _	15	00	eet From The	FEL	Line	
Section 09 Townshi	. 25N	ļ	Rang	. 5W	.1	√МРМ,		Rſ	O ARRIBA		County	
Jethon Jovinan												
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	R OF OI or Conden			JRAL GAS Address (G	ve addre	ss to whi	ch approve	d copy of this j	form is to be s	eni)	
GARY WILLIAMS ENERGY CORPORATION X						Address (Give address to which approved copy of this form is to be sent)  P.O. BOX. 159. BLOOMFIELD, NM. 87413						
Name of Authorized Transporter of Casin	ghead Gas		or Dr	y Gas 📉	Address (G	ive addre	ss Ió whi	ch approve	d copy of this f	form is 10 be s		
NORTHWEST PIPELINE COI If well produces oil or liquids, give location of tanks.		)N Sec.	Twp.	Rge						, UT 84	4108-0899	
f this production is commingled with that	from any oth	er lease or	pool, g	ive commin	gling order nu	nber:						
IV. COMPLETION DATA		Louven	,_	C W-II	I Now Wat	1 Work	I	Dagage	Diug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	i	Gas Well	New Wel	i work		Deepen	Ting track	1		
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Dep	Tubing Depth		
Perforations					.1					Depth Casing Shoe		
TUBING, CASING ANI					CEMENTING RECORD					The second section of the sect		
HOLE SIZE	CA	SING & TL	SIZE:	_	DEPTH SET				SACKS CEMENT			
	<del> </del>											
V. TEST DATA AND REQUE	et eod a	TIOW	A IRI	F								
OIL WELL (Test must be after	recovery of to	stal volume	of loa	d oil and mu	isi be equal to	or exceed	top allo	wable for t	his depth or be	for full 24 ho	urs.)	
Date First New Oil Run To Tank		Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure				AE	<i>M</i>	
Actual Prod. During Test	Oil - Ubis.	Oil - Ubis.				Water - Bbls.			Gas- MCF	noon t	<u> </u>	
0.03001	1									1990		
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Cond	ensule/M	МČF	-01	I CON	FOUR PLAN		
						,				3	<b></b>	
Festing Method (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)						
VI. OPERATOR CERTIFIC	CATE OF	СОМГ	PLIA	NCE		<u> </u>	~~~	ICED!	/ATION	DIME	ΩNI	
I hereby certify that the rules and regu	stations of the	Oil Conser	vation			UIL	CON	っこれ			Ų I VI	
Division have been complied with and is true and complete to the best of my	i that the info knowledge a	mution giv nd belief.	en abo	ove	n-	to A	20010	Ч	JUL	5 1990		
11/100	•				∥ Da	te App	יטעטונ	u		_1		
D. F. Whiley						By Bins, Chang						
Signature Doug W. Whaley, Staff Admin. Supervisor								SUI	PERVISOR	DISTRIC	T /3	
Ponted Name		200	Title		Titl	е						
June 25, 1990			830:	-4280 : No.								

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.