Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Nature Promices Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Diawer DD, Anesia, NM 88210

Santa Fe, New Mexico 87504-2088

| 1, | REQUEST FOR ALLOW, | ABLE AND AUTHORIZA | TION | | |
|--|---|--|------------------------------|--------------------|--|
| Operator TO THANST ON FOIL AND NATURAL GAS | | | Well API No. | | |
| AMOCO PRODUCTION CO | | · | | | |
| 2325 East 30th Stre | et, Farmington, NM 8740 | 01 | | | |
| Reason(s) for Filing (Check proper box) New Well | | Other (Please explain) | | | |
| Recompletion [] | Change in Transporter of: Oil Dry Gas | Effective 6-1-89 | | | |
| Change in Operator | Casinghead Gas Condensate | | | | |
| If change of operator give name and address of previous operator | | | | | |
| II. DESCRIPTION OF WELL | AND LEASE | | | | |
| Lease Name Well No. Pool Name, Includin Jicarilla Contract 148 42 (6) (6) (6) | | | Kind of Lease | Lease No. | |
| Location Contract | 48 142 W. Lindr | ith Gallup Dakota | State, Federal or Fee | Jic Cont 148 | |
| Unit Letter G | : 22.30 Feet From The _ | N Line and \\950 | Feet From The | ELine | |
| Section 24 Townsh | ip 25N Kange 5W | NMPM, Rio | Arciba | County | |
| III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil | SPORTER OF OIL AND NATI | URAL GAS | | | |
| Meridian Oil Inc. | or Condensate | Addiess (Give address to which approved copy of this form is to be sent) | | | |
| Name of Authorized Transporter of Casinghead Gas 🔀 or Day Gas | | P. O. Box 4289, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) | | | |
| El Paso Natural Gas If well produces oil or liquids, | Caller Service 4990, | | O, Farmington, | NM 87499 | |
| give location of tanks. | Unit | Is gas actually connected? When? | | | |
| If this production is commingled with that IV. COMPLETION DATA | from any other lease or pool, give comming | gling order number: | | | |
| Designate Type of Completion | - (X) Oil Well Gas Well | New Well Workover De | eepen Plug Back Sam | e Res'v)iff Res'v | |
| Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Bertheins Econolis | Top Oil/Or bu | | | |
| , contacton | | Top Oil/Gas Pay Tubing Depth | | | |
| Perforations | | | Depth Casing Sho | oe · | |
| | TUBING, CASING AND | CEMENTING RECORD | | | |
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACH | SACKS CEMENT | |
| | | | | | |
| | | | | | |
| V. TEST DATA AND REQUES | TFOR ALLOWARLE | | | | |
| MLWELL (Test must be after re | ecovery of total volume of land oil and mus | t be equal to or exceed top allomable | for this depth or be for ful | (124 hours) | |
| Date First New Oil Run To Tank | Date of Test | Producing Method (Flow, pump, go | is lift, etc.) | 图例即是自 | |
| ength of Test | Tubing Pressure | Casing Pressure | Chole Size | 联节员 图 1 | |
| I D. I D. I D. | | | | arma ay | |
| retime article brusting 1 cat | Oil - Itbls, | Water - Ibbis. | Gas- NICF | | |
| GAS WELL | 4. s | | | | |
| Actual Prod. Test - MCI/D | Length of Test | Dbls. Condensate/MMCF | Gravity of Conde | | |
| esting Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size | | |
| VI. OPERATOR CERTIFIC | ATE OF COMPLIANCE | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation | | OIL CONSERVATION DIVISION | | | |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | | | IIIN AF 40 | 00 | |
| /\$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | Date ApprovedJUN 05 1989 | | | |
| Signature | | By_ Bird > Chang | | | |
| B. D. Shaw Adm. Supv. Printed Name Tale | | su | PERVISION DIST | RICT # 3 | |
| -6-1-89 Date | | Title | | | |
| , - === | retephone No. | 11 | • • | | |

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.

