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

P.O. Box 2088

DISTRICT III
1000 Rio Brans Rd - Aziec, NAI 87410

DISTRICT: II P.O. Dawer DD, Anesia, NM 88210 Santa Fe, New Mexico 87504-2088

I.	REQUEST FOR ALL	LOWAE	BLE AND AUTHORIZA AND NATURAL GAS	TION		
Operator AMOCO PRODUCTION COMPANY Address					API No.	
	et, Farmington, NM	87401				
New Well Recompletion Change in Operator If change of operator give name	Change in Transporte Oil Dry Gas Casinghead Gas Condensa		Other (Please explain) Effective 6-1-89			
and address of previous operator						
II. DESCRIPTION OF WELL Lease Name Jicarilla Contract 1	Well No. Pool Nam		ng Formation		of Lease	Lease No.
Location	46 33 W.L	tindni	h Gallup Dakota	State	FederaDor Fee	Dic Cont 148
Unit Letter \(\) \	: 1990 Feet From	n The	N Line and 720	Fo	et From The	ELine
Section 15 Townsh		5W	NMPM, Rio	Arr	iba	County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		NATUE	RAL GAS		·	
Meridian Oil Inc.			P. O. Box 4289, Farmington, NM 87499			
Name of Authorized Transporter of Casin El Paso Natural Gas		• 🗆	Address (Give address to which a	pproved	copy of this form	is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	Rge.	Caller Service 499 is gas actually connected?	O, Fa		NM 87499
I this production is commingled with that V. COMPLETION DATA	from any other lease or pool, give o	onuninglin	Yes	<u> </u>		
Designate Type of Completion	Oil Well Gas	Well	New Well Workover D	cepen	Plug Back San	ie Res'v)iss Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth	l	P.B.T.D.	
levations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	₁	Top Oil/Gas Pay		Tubing Depth	
erforations					Depth Casing Shoe	
	THRING CASING	AND	TEA FEATRING DECEMBER			
HOLE SIZE	CASING & TUBING SIZE	E	EMENTING RECORD DEPTH SET		SACI	(S CEMENT
						TO OCINICITY
Y. TEST DATA AND REQUES OIL WELL (l'est must be after et	T FOR ALLOWABLE				· 	~6)
Oute First New Oil Run To Tank	ecovery of total volume of load oil as Date of Test	in I must be	e equal to or exceed top allowable reducing Method (Flow, pump, go	for this 25 ly, el	depth or be for fu	II 24 hows)
ength of Test	Tubing Pressure		Casing Pressure		Choke Size	
ectual Prod. During Test	Oil - Hbls.	V	Vater - fibls.	4.7	Cas- MCF	, DV.
DAS WELL	<u></u>	l_		[و با نب د	3
ictual Prod. Test - MCF/D	Length of Test	n	bls. Condensate/MMCF		Gravity of Conde	neate
esting Method (pinot, back pr.)	Tubing Pressure (Shut-in)	c	asing Pressure (Shut-in)		Chuke Size	
I. OPERATOR CERTIFICATION OF THE PROPERTY OF T	tions of the Oil Conservation	E	OIL CONSE	RVA	TION DIV	/ISION
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date ApprovedJUN 0.5 1989 :			
18) Shaw			3.1) d.			
Signature B. D. Shaw Printed Name	Adm. Supy.		Sur		SION DIST	RICT #3
6-1-89 1) as	Tite - (505) 325-8841 Telephone 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 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 absolute.