Submit 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 III

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

1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST F	OR ALLOWAE	BLE AND AUTHOR	IZATION	\int	
l .			AND NATURAL G	AS	,	
Operator AMOCO PRODUCTION COMP.		Well API No. 300390621700				
Address P.O. BOX 800, DENVER,	COLORADO 802	01				
Reason(s) for Filing (Check proper box)			Other (Please exp	olain)		
New Well		Transporter of:				
Recompletion []	Oil Casinghead Gas	Dry Gas L Condensate X				
Change in Operator L. I If change of operator give name	Castingricad Gas	Condensate [X]				
and address of previous operator						***************************************
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including			ng Formation Kind of Lease			Lease No.
JICARILLA CONTRACT 155 6 BLANCO P.C					ederal or Fee	
Location P Unit LetterP	. 990	Feet From The	FSL 9	190 Fee	t From The	FEL Line
31	26N				ARRIBA	
Section 31 Townsh	.(р	Range	, NMPM,			County
III. DESIGNATION OF TRAI	NSPORTER OF O			which approved	conv of this form	is to be sent!
Name of Authorized Transporter of Oil	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 159, BLOOMFIELD, NM 87413 Address (Give address to which approved copy of this form is to be sent)			
NORTHWEST_PIPELINE_CORPORATION			P.O. BOX 8900, SALT LAKE CITY, UT 84108-089			T 84108-0899
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected?	When '	r ´	
If this production is commingled with tha IV. COMPLETION DATA	from any other lease or	pool, give comming	ling order number:			
During Time of Constitution	Oil Wel	I Gas Well	New Well Workover	Deepen	Plug Back San	ne Res'v Diff Res'v
Designate Type of Completion	1		Total Depth	_ll		I
Date Spudded	Date Compl. Ready to	o rtou.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, CR, etc.) Name of Producing Formation			Top Oil/Gas Pay Tubing Depth			
Perforations			Depth Casing Shoe			
	TUBING	. CASING AND	CEMENTING RECO	RD		
HOLE SIZE			DEPTH SET		SACKS CEMENT	
V. TEST DATA AND REQUE OIL WELL (Test must be after			be equal to or exceed top at	Houndle for this	denth or he for h	ull 24 hours)
Date First New Oil Run To Tank	Date of Test	oj toda on una must	Producing Method (Flow,)			
					5.e. & 1	W E 15
Length of Test	Tubing Pressure		Casing Pressure			4 E
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.	U W	JÜL 2 19	90
GAS WELL				Ol	CON.	DIV
Actual Prod. Test - MCF/D	Leagth of Test		Bbls. Condensate/MMCF		Gravity at Condensate	
l'esting Method (pitot, back pr.)	Tubing Pressure (Shu	ıt-in)	Casing Pressure (Shut-in)	· · · · · ·	Choke Size	
M ODER ATOR CONTINUE	TATE OF CO. 1	DULANCE	\		L	
VI. OPERATOR CERTIFIC			OIL CO	NSERV/	ATION DI	VISION
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			0.400			
is true and complete to the best of my knowledge and belief.			Date Approved JUL 2 1990			
D.H. Mly						
Signature Doug W. Whaley, Sta	iff Admin. Sur	ervisor	Ву	SHPERMI	OR DISTR	ICT 43
Printed Name		Tate	Title	SOFERVIS		OIFJ
June 25, 1990	303-	830=4280 cphone 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.