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

DISTRICTH P.O. Drawer DD, Artesia, NM 88210

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		O.	ina i c,	14CW 141	CXICO 075	J4-2000	•					
1000 Rio Biazos Rd., Aztec, NM 87410					BLE AND			NC				
I. Operator		IO IRA	MSPC	HIOIL	AND NA	TURAL		Well A	il No.			
	Amax Oil & Gas Inc.							300390658900\$1				
Address P.O. Box 42806,	Houst	ton, T	X 7	7042								
Reason(s) for Filing (Check proper box)					Oth	er (Please	explain)					
New Well		Change in	-	f:-1								
Recompletion L.J. Change in Operator	Oil Casinghea	 □ ••••	Dry Gas Condens									
10.1					10 17+h	C +	C+o.	700	Donyo	» CO 0	0202 561	
and address of previous operator. Lado	retro	reum	corp	. , 3/	0 17 (11	<u> </u>	ste.	700	, Denve	r,00 o	0202-561	
II. DESCRIPTION OF WELL Lease Name	AND LE		Pool Na	na Includi	ng Formation		·	Kind of	Lare	1.0	ase No.	
Lindrith		110 Basin Da				1					M-07916	
Location		•••				************						
Unit LetterH	165	50	Feet From	m The	lorth Lin	e and	820	Fee	From The _	East	Line	
Section 10 Township	<u> 261</u>	N	Range	7 h	l , н	мрм,	Rio	Arr	iba		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	II. AND	NATU	RAL GAS						•	
Name of Authorized Transporter of Oil		or Conden		X)	Address (Giv	e address	to which app	roved o	epy of this for	m is to be see	ns)	
Gary Williams Energy Corp.					370 17th St., Ste. 53							
Name of Authorized Transporter of Casinghead Gas or Dry Gas (El Paso Natural Gas Company					Address (Give address to which approved P.O. Box 1492, El P				1			
If well produces oil or liquids,	Unit		Twp.	Rge.	is gas actually connected?			When 7				
give location of tanks.	1_H_		26N	1_7.W	<u> </u>	Yes		<u>0.c</u>	tober.	1961		
If this production is commingled with that I IV. COMPLETION DATA	lroin any oth	er lease or	pool, give	comming)	ing older num	ber:				<u> </u>		
		Oil Well	G	s Well	New Well	Workov	er Dee	реп	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		.l	_		Total Depth	<u></u>	l],		. ,		
Date Spaidded	Date Compl. Ready to Prod.				Total Depair				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth Depth Casing Slive			
Perforations	1				<u> </u>							
						·						
TUBING, CASING AND									CA OVO OFMANT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
v. TEST DATA AND REQUES	 ST FOR A	LLŎŴ	ABLE		<u> </u>			l				
OIL WELL (Test must be after r				l and must	be equal to or	exceed to	p allowable j	or this	depth or be fo	r full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Te	d			Producing M	ethod (Flo	w, pump, gas	igi, etc	:.)			
Length of Test	Tubing Pressure				Casing Pressure				Char Re		VE	
	Tuoing Fleasure								M.			
ctual Frod. During Test Oil - Bbls.					Water - Bbls.				AUG1 2 1991			
ALACAUPT I	<u> </u>				l				<u> </u>		I. DiV.	
GAS WELL Actual Prod. Test - MCP/D / Length of Test						Bbls. Condensate/MMCF				Gravity of Condenses T. 3		
									DIS1. 0			
Tubing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Clioke Size			
TA OBERATOR CERTIFIC	VLE On	COMU	OL TANI	CE				J				
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					(OIL C	ONSE	RVA	TION D	IVISIC	N	
is true and complete to the best of my knowledge and belief.						Date Approved AUG 1 2 1991						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Sherry Vasek

Printed Name

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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

By.

Tille.

SUPERVISOR DISTRICT #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

<u>(713)978-7700</u>

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

Analyst

Title

Telephone No.