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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Braus Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 300390659300 AMOCO PRODUCTION COMPANY P.O. BOX 800, DENVER, COLORADO 80201 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Recompletion Casinghead Gas Condensate X Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation
BS MESA GALLUP (GAS) Lease No. Kind of Lease Well No. State, Federal or Fee JICARILLA APACHE 102 12 Location 1785 FEL 1590 Feet From The Feet From The Unit Letter 2011 RIO ARRIBA 09 County NMPM, Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate P.O. BOX 159, BLOOMFIELD, NM 87413
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 8900, SALT LAKE CITY, UT 84108-0899 NORTHWEST PIPELINE CORPORATION When ? If well produces oil or liquids, give location of tanks. Twp. Rge. is gas actually connected? Unit Sec. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen | Plug Back | Same Res'v Diff Res'v Oil Well Gas Well New Welt | Workover Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Name of Producing Formation Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **CASING & TUBING SIZE** DEPTH SET HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (l'est must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Length of Test Water - Bbls. Actual Prod. During Test Oil - Bbls. JUL 2 1990 GAS WELL OIL CON. Bbls. Condensate/MMCI Actual Prod. Test - MCF/D Length of Test dist. 3 Tubing Pressure (Shut-in) Casing Pressure (Shut-in) l'esting Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved \_\_\_

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

Signature Doug W. Whaley, Staff Admin

Printed Name

June 25, 1990 Date

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\_

Title.

SUPERVISOR DISTRICT

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

Supervisor

Title

303-830-4280 ... Telephone No.

- 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.

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Anesia, 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 1000 Rio Brazos Rd., Aziec, NM 87410 DECLIEST FOR ALLOWARI E AND ALITHORIZATION

			AND NATURAL GA				
Operator AMOCO PRODUCTION COMPAN			Well API No. 300390659300				
Address P.O. BOX 800, DENVER, O	COLORADO 802	201		- · · - ·			
New Well Recompletion Change in Operator	Change	in Transporter of:	Other (Please expla	ain)			
change of operator give name	Castifican Cas [						
nd address of previous operator	AND I DACE						
I. DESCRIPTION OF WELL A Lease Name JICARILLA APACHE 102	ing Formation OTA (PRORATED GAS	g Formation TA (PRORATED GAS) Kind of Lease Lease No. State, Federal or Fee			ise No.		
Location G Unit LetterG	1590	590 Feet From The FNL Line and 1785			eet From TheLine		
Section 09 Township	26N	Range 4W	, NMPM,	RIO	ARRIBA		County
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTER OF O	ancate	RAL GAS Address (Give address to wi	hich approved c	opy of this form	is to be ser	u)
GARY WILLIAMS ENERGY CORPORATION P.O. BOX 159, BLOOMFIELD, NM 87413							
Name of Authorized Transporter of Casingle NORTHWEST_PIPELINE_CORI		or Dry Gas 📉	Address (Give address to which approved copy of this form is to be sent)  P.O. BOX 8900, SALT LAKE CITY, 11T 84108-0899				
If well produces oil or liquids, ive location of tanks.	Unit Sec.	Twp. Rge	Is gas actually connected?	When ?			
this production is commingled with that five COMPLETION DATA	rom any other lease of	or pool, give comming	ling order number:				
Designate Type of Completion -	Oit We	ell Gas Well	New Well   Workover	Deepen	Plug Back   San	ne Res'v	Diff Res'v
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	l	P.B.T.D.		1
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay		Tubing Depth		
Perforations				Depth Casing Shoe			
	TUBING	G, CASING AND	CEMENTING RECOR	ED			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
V. TEST DATA AND REQUES	T FOR ALLOV	VABLE				C.U.24 b	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	ne of load oil and mus	Producing Method (Flow, pr			14 NOW	5.)
Length of Test	Tubing Pressure		Casing Pressure		EREINEU		
Actual Prod. During Test	Oil - Ubis.		Water - Bbls		Gas- MCF		
GAS WELL	L				IL CON		<u> </u>
Actual Prod. Test - MCF/D	Leagth of Test		Bbls. Condensate/MMCF	J	DIST.	3	
esting Method (pitot, back pr.)	Tubing Pressure (SI	իա-iո)	Casing Pressure (Shul-in)		Choke Size		
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 is true and complete to the best of my knowledge and belief.  Signature  Doug W. Whaley, Staff Admin. Supervisor  Printed Name  Title  June 25, 1990  303-830-4280  Date  Telephone No.			OIL CONSERVATION DIVISION  JUL 2 1990  By SUPERVISOR DISTRICT 13  Title				

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

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

31 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.

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