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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 DISTRICE II P.O. Drawer DD, Antesia, NM 88210

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQ					AUTHOR					
TO TRANSPORT OIL AND NATURAL GAS								ell API No.			
Amoco Production Company						3003922293					
Address 1670 Broadway, P. O.	Box 800	), Denve	er,	Colorad	lo 8020	)1					
Reason(s) for Filing (Check proper box)					o	ther (Please exp	lain)				
New Well	Oil	Change in	Trans Dry •								
Recompletion		ad Gas									
If change of operator give name					Willow.	Englewoo	od, Colo	rado 8	0155		
and address in previous operates					•						
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No.   Pool Name, Includ					ng Formation				Lease No.		
JICARILLA B	4E BASIN (DAKO				TA) FEDE			ERAL	RAL 9000109		
Unit Letter P	:94	40	Feet	From The FS	<u>SL</u> L	ine and 880	I	eet From The	FEL	Line	
Section 21 Townsh	<sub>in</sub> 26N		Rans	5W		NMPM,	RIO .	ARRIBA		County	
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	NSPORTI	or Conden				S iive address to w	vhich approve	d copy of this	form is to be s	eni)	
CONOCO					P. O. BOX 1429, BLOOMFIELD, NM 87413						
Name of Authorized Transporter of Casin	ighead Gas		or D	ry Gas [X]	Address (Give address to which approved copy of this form is to be sent)						
NORTHWEST PIPELINE CORPORATION				_,		BOX 8900,		UT 84	108-0899		
If well produces oil or liquids, give location of tanks	Unit 	Sec.	l Twp l	.   Rge. }	ls gas actu	ally connected?	Whe	n 7			
If this production is commingled with that	from any ot	her lease or j	pool,	give comming	ling order nu	mber:					
IV. COMPLETION DATA	·									_,	
Designate Type of Completion	- (X)	Oil Well	ļ	Gas Well	New We	II   Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Con	Date Compl. Ready to Prod.			Total Dept	Total Depth			P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Ga	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Cas	Depth Casing Shoe		
					CEMENTING RECORD DEPTH SET				SACKS CEMENT		
HOLE SIZE											
								-			
					-						
								]			
V. TEST DATA AND REQUE							u 11.2	Carlon Lands	Co. C. II 24 hav	\	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of T		of loa	d oil and mus		or exceed top at Method (Flow, p			jor juit 24 noi	<i>D3.)</i>	
1740 That I would have to take	Date of 1	c sa									
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF	Gas- MCF		
GAS WELL	_1				1						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of	Gravity of Condensale		
Testing Melliod (pitot, back pr.)	Tubing Pi	Tubing Pressure (Shut in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE O	E COMP	T T A	NCE	-16						
Thereby certify that the rules and regu						OIL CO	NSERV	/ATION	DIVISIO	NC	
Division have been complied with and	that the info	ormation give			ll .						
is true and complete to the best of my	knowledge :	and belief.			Da	te Approv	ed	MAY 08	1989		
J. L. Hampton											
2/mainte					By 3.1) Chang						
J. L. Hampton S	r. Staf		Title		Tiu	е	SUPERV	ISION D	STRICT	# 3	
Janaury 16, 1989		303-8 Tele	330 - phone								

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.