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

Furm C-104 Revised 1-1-89 See Instructions at Buttom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

DISTRICT III

LIVE P.O. Brates Rd. Astes NM 87416

Santa Fe, New Mexico 87504-2088

ISTRICT III DOURIO Brazos Rd., Aziec, NM 87410	REQUEST F	OR ALLOWAR	LE AND	AUTHOR	ZATION				
) perator		Well API No.							
AMOCO PRODUCTION COMPA		300392234500							
P.O. BOX 800, DENVER,	COLORADO 802	01	. <u> </u>						
Reason(s) for Filing (Check proper box)	Change	in Transporter of:	[_] Ou	het (Please exp	lain)				
New Well Recompletion		Dry Gas							
Change in Operator	Casinghead Gas	~ ()							
change of operator give name and address of previous operator									
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Includi						Kind of Lease L State, Federal or Fee		ease No.	
JICARILLA CONTRACT 155 Location	19E	OTERO CHAC	.RA (GAS)	State,	redetal of ree	<u> </u>		
Unit LetterJ		_ Feet From The	FSL Lin	ne and	840 Fc	et From The	FEL	Line	
Section 29 Township	26N	Range 5W	,N	ІМРМ,	RIO	RIO ARRIBA		County	
II. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU							
Name of Authorized Transporter of Oil	or Cond	ensate X	Address (Gi	ve address to v	vhich approved	copy of this form	is to be sen	u)	
GARY WILLIAMS ENERGY C Name of Authorized Transporter of Casing		or Dry Gas X	P.O. B	OX 159,	BLOOMFIE	LD, NM 8 copy of this form	7413 1 is to be sen	ν)	
NORTHWEST PIPELINE COR		u. 2., 22. [K]				KE CITY.			
If well produces oil or liquids, ive location of tanks.	Unit Sec.	Twp. Rge.		lly connected?					
this production is commingled with that V. COMPLETION DATA	from any other lease o	r pool, give commingl	ing order nur	ıber:					
Designate Type of Completion	Oit We	il Gas Well	New Well	Workover	Deepen	Plug Back Sa	ime Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	.1		P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Pay		Tubing Depth Depth Casing Shoe			
erforations									
UOLE CL/E	1"	G, CASING AND TUBING SIZE	CEMENT	DEPTH SE		SA	CKS CEME	NT	
HOLE SIZE	CASING &	TOBING SIZE	DEPINSEL						
V. TEST DATA AND REQUES OIL WELL (Test must be after t		VABLE se of load oil and must	he equal to a	or exceed top a	llowable for thi	s depth or be for	full 24 hour	s.)	
Date First New Oil Run To Tank	Date of Test	e by toda on and made			ownp, gas lýt, e		<u>/</u>	<u> </u>	
Length of Test	Tubing Pressure		Casing Pres	sure) EC	Consider	$\overline{\mathbb{Q}}$	-	
Annal Flord During Tool	O.L. Dish		Water - Bbi	.	<u> </u>	Gas- MCF	 		
Actual Frod. During Test	Oil - Bbls.				يا سالال	5 1990	•		
GAS WELL						CALL PAIN			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conde	insate/MMCF	OIL CC	Malmildres St. 3	densate		
Festing Method (pilot, back pr.)	Tubing Pressure (SI	Casing Pressure (Shut-in) Choke Size							
VI. OPERATOR CERTIFIC	LATE OF COM	IDI IANCE	\ 						
I hereby certify that the rules and regul				OIL CO	NSERV.	ATION D	IVISIC	N	
Division have been complied with and	that the information g					HI 5 199	an		
is true and complete to the best of my	knowledge and belief.		Dat	e Approv	edJ	UL 5 195			
D. H. Shler					7.	s de	/		
Signature Doug W. Whaley, Sta	ff Admin. Su	pervisor	By_		SUPERV	ISOR DIST	RICT #	2	
Printed Name		Title	Title	э	JUPERV			<i>-</i>	
<u>June 25, 1990</u>		-830-4280							

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

- 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.

Submit 5 Copies
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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. Drawer DD, Artesia, NM 88210			ox 2088 lexico 87504-2088				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 8741	0	ŕ	BLE AND AUTHO	DRIZATION			
1.			L AND NATURAL				
Operator AMOCO PRODUCTION COM				Weil /	API No. 0392234500		
Address				300			
P.O. BOX 800, DENVER Reason(6) for Filing (Check proper box		201	(A)				
New Well		e in Transporter of:	Other (Please	expiain)			
Recompletion	Oil	Dry Gas					
Change in Operator	Casinghead Gas	Condensate X					
If change of operator give name and address of previous operator							
II. DESCRIPTION OF WEL							
JICARILLA CONTRACT 1	55 Well N		ling Formation OTA (PRORATED		of Lease Federal or Fee	Lease No	0.
Location Unit Letter	. 1775	Feet From The	FSL Lineard	1840	. r m.	FEL	
20	26N	5.0	Line and		et From The ARRIBA	-	Line
Section 10wi	au ib	Kange	, NMPM,		111111111111111111111111111111111111111	Сон	unty
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		dancale	RAL GAS Address (Give address	to which approved	copy of this form	is to be sent)	
GARY WILLIAMS ENERGY	CORPORATION		P.O. BOX 159	• • •		•	
Name of Authorized Transporter of Cas		or Dry Gas 📉	Address (Give address				
NORTHWEST PIPELINE Colling well produces oil or liquids,	ORPORATION Sec.	Twp. Rge.	P.O. BOX 890 is gas actually connecte			UT 84108:	-0899
give location of tanks. If this production is commingled with the	at from any other lease	or pool, give comming	ling order number				
IV. COMPLETION DATA							
Designate Type of Completion	on - (X) Oit W	Vell Gas Well	New Well Workove	er Deepen	Plug Back Sar	ne Res'v Diff	Res'v
Date Spudded	Date Compl. Read	y to Prod.	Total Depth		P.B.T.D.	I	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay		Tubing Depth		
Perforations			<u> </u>		Depth Casing St	10 c	
HOLEGIVE			CEMENTING REC		CAC.	VP CENCUT	
HOLE SIZE	CASING &	TUBING SIZE	DEPTH S	DE 1	SACKS CEMENT		
							
V. TEST DATA AND REQU	EST FOR ALLO	WARI E		,,,,			
		•	be equal to or exceed top	allomable for this	depth or be for fi	uli 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flor				
Length of Test	Tubing Pressure		Casing Pressure	n Fe F	Tows 6	5	
Actual Prod. During Test	Oil - libis.		Water - Bbis.	NEGE	Gas- MCF	 	
			U	u JUL5	1990	~~~~~~ Ki	
GAS WELL							
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMC			cusate	
l'esting Method (pirot, back pr.)	Tubing Pressure (S	hut-in)	Casing Pressure (Shut-in	DIST	Choke Size		
			<u> </u>		L		
VI. OPERATOR CERTIFI I hereby certify that the rules and reg			OIL CO	ONSERVA	ATION DI	VISION	
Division have been complied with an	nd that the information (given above			1111 E 10	990	
is true and complete to the best of m	y knowledge and belief		Date Appro	ved	JUL 5 I	7.""	
D. D. Shler				_	· ~	/	
Signature Illouis Whales St	off Admi- 10	nowie e	Ву	-ناه	1) Ch	•=={	
Dong W. Whaley, St		Title	Title	SUPE	AVISOR DIS	STRICT /3	ļ
June 25, 1990		3-830-4280 Telephone No.					

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