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 1000 Rio Brazos Rd., Aziec, NM 87410

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

			ALLOWAE PORT OIL						
Operator		J IMANS	FUNT UIL	- VIAD IAVI	UTIAL CA	Nell A	Pl No.		
AMOCO PRODUCTION C	300392245300								
Address P.O. BOX 800, DENV	ER, COLORADO	80201							
Reason(s) for Liling (Check proper	box)			Othe	r (Please expl	ain)			1
New Well	C	hange in Trac	- 1						
Recompletion	Oil	L Dry	· ·						
Change in Operator	Casinghead (Gas Cor	ndensate X						
If change of operator give name and address of previous operator									
	CLI AND I CAG	VID.							
II. DESCRIPTION OF W			ol Name, Includ	ing Engralian		Kind o	Lease	ما	ase No.
Lease Name JICARILLA APACHE 1			S MESA GA		AS)		Federal or Fe		
Location Unit Letter	: :79	O Fee	st From The	FNL Line	and1	055 Fc	et From The .	FWL	Line
0.2	ownship 26N	Rai	nge 4W	3 , NN	ирм,	RIC	ARRIBA		County
III. DESIGNATION OF T				RAL GAS	e address to w	hich approved	copy of this f	orm is to be se	nt)
Name of Authorized Transporter o	LI	r Condensate							•
GARY-WILLIAMS-ENER Name of Authorized Transporter o	(GY - CORPORAT I Casinghead Gas	ON or l	Dry Gas X	Address (Give	OX. 159 y e address io w	BLOOMF I E hick approved	copy of this f	0rm is to be se	ni)
NORTHWEST PIPELINE	CORPORATION	I		P.O. BO	X-8900.	SALT LA	KE CITY	, UT 84	108-0899
If well produces oil or liquids, give location of tanks.		icc. Tw	rp. Rge. 	ls gas actually	y connected?"	When	7		
If this production is commingled w	th that from any other	lease or pool	, give comming	ling order numb	ber:				
IV. COMPLETION DAT	<u> </u>			_,		I Decem	Dhua Dack	Same Res'v	Diff Res'v
Designate Type of Comp		Oil Well	Gas Well	New Well	Workover 	Deepen	Ling track	Same Res v	<u></u>
Date Spudded	Date Compl.	Ready to Pro	d.	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Pro	ducing Forms	tion	Top Oil/Gas I	Pay		Tubing Dep	th	
Perforations							Depth Casit	ig Shoc	
	π	BING, CA	ASING AND	CEMENTI	NG RECOR	KD	1		
HOLE SIZE	510010 A TUBULO 0175		NG SIZE	ļ		SACKS CEMENT			
				ļ					
				- 			-		
V. TEST DATA AND RE	QUEST FOR AL	LOWABI	LE ,		arcest top all	laumble far ihi	e death ar he	for full 24 hou	zs I
OIL WELL (Test must be Date First New Oil Run To Tank	Date of Test	d volume of to	oad oil and mus		ethod (Flow, p			70, 70, 21, 100	
Date His New Oil Rule To Talk	Date of Tea								
Length of Test	Tubing Press	aure		Casing Press	ure	in E	Chuke Size	YEM	1
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.		M	Gar-MCF	<u> </u>	
CARAVELI				1		 J U	L-5 199	30	
GAS WELL Actual Prod. Test - MCF/D	Length of Te	csi		Bbls. Conden	sale/MMCF	Oll	CON:	DIV	
				1		. عاد	DIST. 3		-
festing Method (pilot, back pr.)	Tubing Pres	sure (Shut-in)		Casing Press	ure (Shut-in)		Choke Size		
VI. OPERATOR CERT	TIFICATE OF	COMPLI	ANCE		211 001	NEEDV	ATION	DIVISIO)NI
I hereby certify that the rules a	nd regulations of the C	d Conscrvati	on		JIL COI	49EHV	ATION	DIVISIO	∠1 ¥
Division have been complied was true and complete to the best			DGY¢	Dota	Annrai	ad	JUL	5 1 9 90	l
11.10				Date	Approve	JU	VVL	Λ	
Signature	<i>y</i>	<u> </u>		By_		3	بذمنه	Change	
Doug W. Whaley,	Staff Admin		visor	Title		SU	PERVISO	R DISTR	ICT #3
June 25, 1990		303-83	0-4280	Title					
Date 22.7 :3224		Telepho							

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.

Submit 5 Copies
Appropriate District Office
DISTRICT |
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 II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST F	OR ALLOWAE	BLE AND AUTHOR	IZATION				
l .	TO TR	ANSPORT OIL	AND NATURAL G	ias				
Operator	Well A	Well API No.						
AMOCO PRODUCTION COMPA	ANY			300	392245300			
P.O. BOX 800, DENVER,	COLORADO 802	01						
Reason(s) for Filing (Check proper box)			Other (Please exp	olain)				
New Weil		Dry Gas						
Recompletion	Oil L. Casinghead Gas	,						
If change of operator give name and address of previous operator		,						
II. DESCRIPTION OF WELL	AND LEASE							
Lease Name JICARILLA APACHE 102	Well No. 7E	Pool Name, Include BASIN DAKO	ing Formation DTA (PRORATED GA		f Lease federal or Fee	ما	ase No.	
Location D	790		FNL . 1	1055	. F T	FWL	line	
Unit Letter	_ :	Feet From The	Line and		4 From The		Line	
Section 03 Townsh	26N	Range 4W	, NMPM,	KIU	ARRIBA		County	
III. DESIGNATION OF TRAI				Lish	con of this f	ie to be		
Name of Authorized Transporter of Oil	or Conde	nsate X	Address (Give address to				" /	
GARY WILLIAMS ENERGY Name of Authorized Transporter of Casin		or Dry Gas X	Address (Give address to	which approved	copý of this form	is to be sei		
NORTHWEST PIPELINE CO. If well produces oil or liquids, give location of tanks.	RPORATION Sec.	Twp. Rge.	P.O. BOX 8900, is gas actually connected?			JT 84	1 08=0899	
If this production is commingled with that IV. COMPLETION DATA	from any other lease of	pool, give comming	ling order number:					
Designate Type of Completion	Oil We	Gas Well	New Well Workover	Deepen	Plug Back San	ne Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	o Prod.	Total Depth		P.B.T.D.		.1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing I		ormation	Top Oil/Gas Pay	,	Tubing Depth			
Perforations					Depth Casing Shoe			
	TURING	CASING AND	CEMENTING RECO	RD	 			
HOLE SIZE		UBING SIZE	DEPTH SE		SAC	KS CEME	NT	
	_							
M. WEGGE D. W. AND INCOME	TOP HILOU	ADI E						
V. TEST DATA AND REQUE OIL WELL (Test must be after			s be equal to or exceed sop a	llowable for this	death or be for f	ฟI 24 how	(x)	
Date First New Oil Run To Tank	Date of Test	, oj 1000 on 5711 7710	Producing Method (Flow,				·	
Length of Test	Tubing Pressure		Casing Pressure	DE	BEIV	FIR	<u> </u>	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	<u> </u>	5 1990	<u>- U</u>		
				OIL C				
GAS WELL			Thus Co. A	OIL C	UN. DI	Y		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	U	121.13. COM	CHRACE		
Feating Method (pitot, back pr.)	Tubing Pressure (She	a-in)	Casing Pressure (Shut-in)	Choke Size				
VI. OPERATOR CERTIFIC I hereby certify that the rules and regu			OIL CO	NSERV	ATION DI	VISIC	N	
Division have been complied with and is true and complete to the best of my	d that the information gi		Date Approv	ed	<u>.,µµ 5 1</u>	1990		
D. H. Shley	By							
Signature Doug W. Whaley, Sta	aff Admin. Su	pervisor Tule	ii .		RVISOR DIS	•		
June 25, 1990	303		Title	<u></u>	THOUN DIS	<u>ייחוע ו</u>	_1.2	

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.