Submit 5 Copies
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 DISTRICT II P.O. Drawer DD, Anesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 300392245700 AMOCO PRODUCTION COMPANY P.O. BOX 800, DENVER, COLORADO 80201 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion m 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) Kind of Lease Lease No. Lease Name
JICARILLA APACHE 102 Well No. State, Federal or Fee 14E Location 800 FWL 1110 FSL. Feet From The Feet From The Line Unit Letter RIO ARRIBA 09 26N Township . NMPM County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) (X)P.O. BOX 159, BLOOMFIELD, NM 87413 GARY WILLIAMS ENERGY CORPORATION Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas [X] EL PASO NATURAL GAS COMPANY P.O. BOX 1492 FI. PASO TX 79978 I Sec. Twp. Rge. Is gas actually connected? When ? If well produces oil or liquids, Unit give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Diff Res'v Oil Well Gas Well New Well Workover Deepen | Plug Back | Same Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test 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.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Oil - Bbls. Water - Bbla. Actual Prod. During Test **GAS WELL** Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing 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.

1.1 100

Date

D.D. Whiley	
Signature Doug W. Whaley, Staf	f Admin. Supervisor
Printed Name	Title
June 25, 1990	303-830-4280
Date	Telephone No.

5 1990 Date Approved By_ SUPERVISOR DISTRICT #3

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.

Title

- 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.

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DISTRICT 1
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State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Buttom 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

.		Т	OTRAN	NSPC	ORT OIL	AND NA	TURAL G					
Operator Well									API No. 0392245700			
Address P.O. BOX 800,	DENVER, C	COLORADO	80201	1								
Reason(s) for Filing (Check New Well Recompletion Change in Operator	proper box)]]	Oil Casinghead		Franspor Dry Gar Conden	. 🗀	Oth	es (Please exp	lain)				
If change of operator give na and address of previous oper	aine ator											
II. DESCRIPTION O		AND LEA	SE									
Lease Name JICARILLA APAC						ing Formation OTA (PROI	RATED GA	1 -	of Lease Federal or Fe		ase No.	
Location Unit Letter	М	.;1	110	Feet Fro	om The	FSL Lin	e and8	00F	et From The	FWL	Line	
Section 0	9 Township	26N		Range	4W	, NI	ирм,	RIC	ARRIBA		County	
III. DESIGNATION	OF TRANS	SPORTER	OF OH	L AN	D NATU							
Name of Authorized Transp	oner of Oil		or Condens	ale	\square X \square	Address (Giv	e address to w	hich approved	copy of this j	orm is to be sei	u)	
GARY WILLIAMS Name of Authorized Transp				or Dry	Gas X			BLOOMF IE hich approved		87413 Form is 10 be sei	u)	
NORTHWEST PIPE			Twp. Rge.				IT LAKE CITY, UT 84108-0899 When?					
give location of tanks. If this production is commin	eled with that f	rom any othe	r lease or p	ool. giv	e comming	ling order numi	per:					
IV. COMPLETION			·					-,	,			
Designate Type of (Completion -	· (X)	Oil Well 	0	las Well	New Well	Workover 	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.				Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth				
Perforations		I				L	· · · · · · · · ·		Depth Casin	ig Shoe		
		T	UBING, (CASIN	NG AND	CEMENTI	NG RECOI	3D	.!			
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT				
								·····	·			
V. TEST DATA AN	D REOUES	T FOR A	LLOWA	BLE		1			J			
OIL WELL (fist	must be after re	covery of total	al volume o		il and must					for full 24 how	s.)	
Date First New Oil Run To	Tank	Date of Test				Producing Me	ethod (Flow, p	nump, gas lýl, i	HC.)			
Length of Test		Tubing Pressure				Casing Press	ire		Choke Size			
Actual Prod. During Test		Oil - Bbis.				Water - Bbls.						
GAS WELL		L				1		JUL	5 1890			
Actual Prod. Test - MCI/D		Length of T	CH			Bbis. Conden	sate/MMCF		Gravity of	patensale		
Testing Method (pitot, back	pr.)	Tubing Pressure (Shut-in)				Casing Press	ire (Shut-in)	OIL CC	tho G Size	·• -	· · · · · · · · · · · · · · · · · · ·	
VI. OPERATOR C I hereby certify that the Division have been cont	rules and regula	tions of the C	Dil Conserv	alion		(OIL COI	NSERV	ATION	DIVISIC	N	
is true and complete to t						Date	Approve	ed	JUL	5 1990		
Signature Signature	Lly					By_		3	€ (بر	1_/		
Doug W. Wha	ley, Staf	f Admin		rvis Tule	<u>or</u>	Title		SUPE	RVISOR	DISTRICT	13	
June 25, 1990	Q		_303-8	30-4	280_							

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