Submit 5 Copies
Appropriate District Office
DISTRICE 1
P.O. Box 1980, 186bs, NM 88240 DISTRICT.II P.O. Drawer DD, Artesia, NM 88210

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

I.	HEQU				SLE AND A								
Operator						Well API No.							
AMOCO PRODUCTION COMPANY Address								300	03922531	00			
P.O. BOX 800, DENVER,		00 8020	1							<del>-</del>			
Reason(s) for Filing (Check proper box) New Well Recompletion	Oil	Change in	Dry G	. 🗀	[] Outh	r (Pleas	e explai	in)					
Change in Operator []  If change of operator give name and address of previous operator	Casingnea	a 045 []	Conde	nsate (A)	· · · · · · · · · · · · · · · · · · ·								
II. DESCRIPTION OF WELL	L AND I.E.	ASE											
Lease Name JICARILLA CONTRACT 15			l No. Pool Name, Includi					of Lease , Federal or Fe		ease No.			
Location Unit LetterF	:1	1810	Feet F	rom The	FNL Line	: and	15	20 F	eet From The	FWL	Line		
Section 32 Towns	hip <b>26</b>		Nange	5W		ирм,			O ARRIBA	<b>1</b>	County		
III. DESIGNATION OF TRA	NSPORTE	R OF O	II. AN	ID NATU	RAL GAS								
Name of Authorized Transporter of Oil		or Conden			Address (Giv			• •		form is to be s			
GARY WILLIAMS ENERGY CORPORATION Name of Authorized Transporter of Casinghead Gas  or Dry Gas  X													
NORTHWEST PIPELINE CO If well produces oil or liquids, give location of tanks.	ORPORATIO	N S∞.	Twp.	Rge.	P.O. Bo	X 89 y connec	00	SALT L Whe	AKE CITY o?	', UT 8/	4108-0899		
If this production is commingled with th IV. COMPLETION DATA	at from any oth	er lease or	pool, gi	ve comming	ling order numl	er:							
Designate Type of Completic	n - (X)	Oil Well		Gas Well	New Well	Works	over	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Com	pl. Ready to	Prod.		Total Depth				P.B.T.D.	-			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Dep	Tubing Depth			
Perforations					<u> </u>				Depth Casi	Depth Casing Shoe			
TUBING, CASING ANI					CEMENTING RECORD								
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
	Dom BOD												
V. TEST DATA AND REQU OIL WELL. (Test must be afte										for full 24 hos	urs)		
Date First New Oil Run To Tank	Date of Te	Date of Test				Producing Method (Flow, pump, gas lift, et							
Length of Test	Tubing Pr	Tubing Pressure			Casing Pressure				Choke Size	EIVI	<b>AN</b> 2		
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbls.					· U		
GAS WELL	1				<del>-1</del>					5 1990			
Actual Prod. Test - MCI/D	Length of	Test			Bbls. Conder	sate/MN	ACF		AF-GG	Men DI			
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				ure (Shu	l-in)		Cota Pil	i <del>l. ?</del>			
VI. OPERATOR CERTIF				NCE	(	OIL (	CON	ISER\	/ATION	DIVISIO	 NC		
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 JUL 5 1990							
NUILL						• •	1046	·		1	,		
Signature Doug W. Whaley, Staff Admin. Supervisor						By Supervisor district 13							
Printed Name Title June 25, 1990 303-830-4280					Title					5,57,110			
Date			ephone .		11								

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 J
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, Artesia, 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 AMOCO PRODUCTION COMPANY 300392253100 Address BOX 800, DENVER, COLORADO 80201 Reason(s) for Filing (Check proper box) Other (Please explain) f" New Well Change in Transporter of: Recompletion Dry Gas 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 Kind of Lease
BLANCO MESAVERDE (PRORATED GAState, Federal or Fee Well No. Lease No. JICARILLA CONTRACT 155 29 Location FWL 1810 1520 Unit Letter Feet From The Line and Feet From The RIO ARRIBA 26N Township County Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate (X)GARY WILLIAMS ENERGY CORPORATION
Name of Authorized Transporter of Casinghead Gas P.O. BOX 159, BLOOMFIELD, NM 87413

Address (Give address to which approved copy of this form is to be sent) or Dry Gas X SALT LAKE CITY, UT 84108-0899 NORTHWEST PIPELINE CORPORATION P.O. BOX 8900 Unit Twp. Rgc. When ? If well produces oil or liquids, give location of tanks. Sec. is gas actually connected? If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) 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 Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE **CASING & TUBING SIZE DEPTH SET** V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (I 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) Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Length of Test Tubing Pressure Water - Bhis Actual Prod. During Test Oil - Bbls. **GAS WELL** Off CONTINDAY Bbls, Condensate/MMCF Actual Prod. Test - MCI/D Leagth of Test 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 Signature Doug W. Whaley, Staff

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

Printed Name

June 25, 1990

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title.

SUPERVISOR DISTRICT 13

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.