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DISTRICT |
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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 Brizos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. AMOCO PRODUCTION COMPANY 300392256800 Address P.O. BOX 800, DENVER, COLORADO 80201 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Change in Operator Casinghead Gas Condensate X If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No Pool Name, Including Formation Kind of Lease Lease No. JICARILLA CONTRACT 155 27 OTERO CHACRA (GAS) State, Federal or Fee Location 1685 1570 Unit Letter Line and Feet From The Feet From The 32 268 RIO ARRIBA Section 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]GARY WILLIAMS ENERGY CORPORATION P.O. BOX 159, BLOOMFIELD, NM 87413 or Dry Gas se of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) NORTHWEST PIPELINE CORPORATION P.O. BOX 8900, SAI,T LAKE CITY, UT 84108-0899 If well produces oil or liquids, Unit Twp. Sec. Rge. is gas actually connected? When? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well | Workover Deepen Plug Back | Same Res'v | Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and m ust be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lyt, etc.) Date of Test Length of Test Choke Size Tubing Pressure Casing Pressure Actual Prod. During Test Oil - Rbls Water - Bbls GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF OIL CON DW Tubing Pressure (Shut-in) Clicke BIST. 3 l'esting Method (pitot, back pr.) Casing Pressure (Shut-in) 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 5 1990 JUL is true and complete to the best of my knowledge and belief. Date Approved

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

3.1) Oh By_ SUPERVISOR DISTRICT #5 Title.

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.

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OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST F	OR ALLOWA	BLE AND AUTHOR	RIZATION				
I. Operator	TOTR	ANSPORT OI	L AND NATURAL (A DI NI		 -	
AMOCO PRODUCTION COMPA		Well API No. 300392256800						
Address P.O. BOX 800, DENVER,	COLORADO 802	01						
Reason(s) for Filing (Check proper box)	COLORIDO DOZ		Other (Please e)	(plain)				
New Well	· c-	in Transporter of:						
Recompletion 1 Change in Operator	Oil Casinghead Gas	Dry Gas LJ Condensate X						
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WELL Lease Name JICARILLA CONTRACT 155	Well No		ling Formation SAVERDE (PRORAT		of Lease Federal or Fee	Leas	se No.	
Location		.1				1		
Unit Letter	_ :	_ Feet From The _	FSL Line and	1570 Fe	et From The	FEL	Line	
Section 32 Townshi	26N	Range 5W	, NMPM,	RIC	ARRIBA		County	
III. DESIGNATION OF TRAN	SPORTER OF C	DIL AND NATU	IRAL GAS					
Name of Authorized Transporter of Oil	or Conde	ensate X	Address (Give address to)	
GARY WILLIAMS ENERGY (Name of Authorized Transporter of Casin		or Dry Gas X	P.O. BOX 159, Address (Give address to	BLOOME I E	LD, NM 8	7413	i	
NORTHWEST PIPELINE COME Well produces oil or liquids, give location of tanks.	RPORATION Soc.	_,	P.O. BOX 8900 Is gas actually connected?	, SALT LA	KE CITY,			
I this production is commingled with that	from any other lease o	r pool, give comming	ling order number:				J	
IV. COMPLETION DATA								
Designate Type of Completion	- (X) Oil We	II Gas Well	New Well Workover	Deepen	Plug Back Sail	ne Res'v 🔰	Jiff Res'v	
Date Spudded	Date Compl. Ready i	to Prod.	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		ormation	Top Oil/Gas Pay		Tubing Depth			
Perforations	<u> </u>		4		Depth Casing Si	ioe		
	TUDING	CACINIC AND	CEMENTING DECC	nn.				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			DEPTH SE	SACKS CEMENT				
V. TEST DATA AND REQUES	ST FOR ALLOW	ARIE						
		•	be equal to or exceed top a	llowable for this	depth or be for f	ull 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow,	pump, gas lýl, e	ic.)			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	IVE	(M)	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gar-Mcr	1.4.	U	
GAS WELL					JUL	i 1990		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	DILICO	HE"CON:"DIV.			
esting Method (pitot, back pr.)	Tubing Pressure (Shu	u-(n)	Casing Pressure (Shut-in)	Choke Si DIST				
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE	011.00	NOCDY	1	VICION		
I hereby certify that the rules and regul- Division have been complied with and			OIL CO	NSEHVA	ATION DI	A12101	N.	
is true and complete to the best of my l	Date Approv	ad .	IUL 5 199	90				
NUILL	Date Approved JUL 3 1991							
Signature			Ву	3.1) Cha	-{		
Boug W. Whaley, Staff Admin. Supervisor Pilled Name Title			Title	SUPER	ISOR DIST	RICT #	3	
<u>June 25, 1990</u> Date		830-4280 ephone No.						

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