Subnut 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

| DISTRICT II<br>P.O. Drawer DD, Ariesia, NM 88210                                                                                              | P.O. B                                                     | ox 2088<br>lexico 87504-2088                                             |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------|
| DISTRICT III<br>1000 Rio Brazos Rd., Aztec, NM 87410                                                                                          | REQUEST FOR ALLOWA                                         |                                                                          | 1ON                                                         |
| l                                                                                                                                             |                                                            | L AND NATURAL GAS                                                        |                                                             |
| AMOCO PRODUCTION COMPA                                                                                                                        | ANY                                                        |                                                                          | Well API No.<br>300392257000                                |
| P.O. BOX 800, DENVER,                                                                                                                         | COLORADO 80201                                             |                                                                          |                                                             |
| Reason(s) for Filing (Check proper box) New Well                                                                                              | Change in Transporter of:                                  | Other (Please explain)                                                   |                                                             |
| Recompletion Change in Operator                                                                                                               | Oil Dry Gas Casinghead Gas Condensate                      |                                                                          |                                                             |
| If change of operator give name and address of previous operator                                                                              | Casailgroup on Condenses W                                 |                                                                          |                                                             |
| II. DESCRIPTION OF WELL                                                                                                                       |                                                            |                                                                          |                                                             |
| JICARILLA CONTRACT 155                                                                                                                        | Well No.   Pool Name, Includ<br>30   OTERO CHA             |                                                                          | Kind of Lease Lease No. State, Federal or Fee               |
| Location D Unit Letter                                                                                                                        | :Feet From The                                             | FNL Line and                                                             | Feet From TheLine                                           |
| Section 30 Townshi                                                                                                                            | ip 26N Range 5W                                            | , NMPM,                                                                  | RIO ARRIBA County                                           |
|                                                                                                                                               | SPORTER OF OIL AND NATU                                    |                                                                          |                                                             |
| Name of Authorized Transporter of Oil GARY WILLIAMS ENERGY (                                                                                  | Or Condensate                                              |                                                                          | pproved copy of this form is to be sent)                    |
| Name of Authorized Transporter of Casin                                                                                                       |                                                            | Address (Give address to which a                                         | OMFTELD, NM 87413  pproved copy of this form is to be sent) |
| EL PASO NATURAL GAS CO                                                                                                                        |                                                            | P.O. BOX 1492, El.                                                       | PASO, TX 79978                                              |
| give location of tanks.                                                                                                                       | Unit   Sec.   Twp.   Rge.                                  | is gas actuary connected?                                                | When ?                                                      |
| If this production is commingled with that IV. COMPLETION DATA                                                                                | from any other lease or pool, give comming                 | ding order number:                                                       |                                                             |
| Designate Type of Completion                                                                                                                  | Oil Well Gas Well                                          | New Well   Workover   D                                                  | eepen Plug Back Same Res'v Diff Res'v                       |
| Date Spudded                                                                                                                                  | Date Compl. Ready to Prod.                                 | Total Depth                                                              | P.B.T.D.                                                    |
| Elevations (DF, RKB, RT, GR, etc.)                                                                                                            | Name of Producing Formation                                | Top Oil/Gas Pay                                                          | Tubing Depth                                                |
| Perforations                                                                                                                                  |                                                            | 1                                                                        | Depth Casing Shoe                                           |
|                                                                                                                                               | TURING CASING AND                                          | CEMENTING RECORD                                                         |                                                             |
| HOLE SIZE                                                                                                                                     | CASING & TUBING SIZE                                       | DEPTH SET                                                                | SACKS CEMENT                                                |
|                                                                                                                                               |                                                            |                                                                          |                                                             |
|                                                                                                                                               |                                                            |                                                                          |                                                             |
| V. TEST DATA AND REQUES                                                                                                                       | ·                                                          |                                                                          |                                                             |
| OIL WELL (Test must be after to Date First New Oil Run To Tank                                                                                | recovery of total volume of load oil and must Date of Test | t be equal to or exceed top allowable<br>Producing Method (Flow, pump, g |                                                             |
|                                                                                                                                               |                                                            | Casing Pressure                                                          | Choke Size                                                  |
| Length of Test                                                                                                                                | Tubing Pressure                                            | Lang Pressure                                                            | FREINEU                                                     |
| Actual Prod. During Test                                                                                                                      | Oil - Hols.                                                | Water - Bbls.                                                            | Gas- MCF                                                    |
| GAS WELL                                                                                                                                      |                                                            |                                                                          | JUL 5 1990                                                  |
| Actual Prod. Test - MCF/D                                                                                                                     | Length of Test                                             | Bbls. Condensate/MMCF                                                    | IL CON of Discharge                                         |
| Festing Method (pilot, back pr.)                                                                                                              | Tubing Pressure (Shut-in)                                  | Casing Pressure (Shut-in)                                                | Croke Size                                                  |
| VI. OPERATOR CERTIFIC                                                                                                                         | CATE OF COMPLIANCE                                         | OIL CONSE                                                                | ERVATION DIVISION                                           |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above |                                                            | OIL CONSE                                                                | ENVATION DIVISION                                           |
| is true and complete to the best of my knowledge and belief.                                                                                  |                                                            | Date ApprovedJUL 5 1990                                                  |                                                             |
| D.H. May                                                                                                                                      |                                                            |                                                                          |                                                             |
| Signature<br>Doug W. Whaley, Staff Admin. Supervisor                                                                                          |                                                            | By 3.1) d.                                                               |                                                             |
| Printed Name                                                                                                                                  | Title                                                      | Title                                                                    | SUPERVISOR DISTRICT 13                                      |
| June 25, 1990<br>Date                                                                                                                         | 303-830-4280                                               |                                                                          |                                                             |

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 1
P.O. Fox 1980, Hobbs, NM 88240

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## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRUCT II P.O. Irawer DD, Anesia, NM 88210 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. Openitor AMOCO PRODUCTION COMPANY 300392257000 Addness 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 Oil Change in Operator Casinghead Gas Condensate X If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease BLANCO MESAVERDE (PRORATED GAState, Federal or Fee JICARILLA CONTRACT 155 30 Location 1120 FWI. Unit Letter Feet From The Feet From The 26N RIO ARRIBA Township Section Range NMPM County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate  $\overline{}$ CARY WILLIAMS ENERGY CORPORATION P.O. BOX 159, BLOOMFIELD, NM 87413 Name of Authorized Transporter of Casinghead Gas or Dry Gas 🔯 which approved copy of this form is to be sent) NORTHWEST PIPELINE CORPORATION P.O. BOX 8900. SALT LAKE CITY, UT 84108-0899 If we't produces oil or liquids, give location of tanks. When ? Unit Twp. Rgc is gas actually connected? 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 TOIL WELL Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Eleva ions (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay 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 (Fest 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 Length of Test Casing Pressure **Tubing Pressure** Actual Prod. During Test Water - Bbis Oil - Bbls. GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF OIL CON! DIV Tubing Pressure (Shut-in) Casing Pressure (Shut-in) l'esting Method (pilot, 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 5 1990 JUL is true and complete to the best of my knowledge and belief. Date Approved By. Signature Loug W. Whaley SUPERVISOR DISTRICT /3 Supervisor Printed Name Title Title June 25, 1990 Date 303-830-4280

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