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Appropriate District Office
DISTRICT L
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Mineral's and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

1000 Rio Brazas Rd., Aztec, NM 87410					BLE AND A	_	_				
Operator	Well API No.										
Amoco Production Company						3003922578					
Address 1670 Broadway, P. O. E	3ox 800	, Denv	er, (	Colorad	o 80201						
Reason(s) for Filing (Check proper box)					Othe	et (Please expl	ain)				
New Well Recompletion	Oil	Change in	Transpo Dry Ga								
Recompletion {		ad Gas 📋	•								
I change of operator give name and address of previous operator	neco Oi	1 E &	P, 61	162 S.	Willow,	Englewoo	d, Colo	rado 80	155		
IL DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	Well No. Pool Name, Include 6E BASIN (DAKO				1			Lc28e No. 2AL 9000108			
JICARILLA C Location		6E	риоті	(DAKO	114)		FEDE	MAL	3000	100	
Unit Letter B		10	Feet Fr	rom The FN	L Line	and 1850	Fe	et From The	FEL	Line	
Section 14 Township	, NMPM, RIO ARRIBA					County					
HE INCOMMENTANIAN TO AN	CDADTT	D OF O	II AN	ID NATII	DAL CAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	arvkti rm	or Conden		IX NATU		e address to w	hich approved	copy of this f	'orm is to be se	ni)	
CONOCO	P. O. BOX 1429, BLOOMFIELD, NM 87413										
Name of Authorized Transporter of Casinghead Gas or Dry Gas X  NORTHWEST PIPELINE CORPORATION					Address (Give address to which approved copy of this form is to be sent)  P. O. BOX 8900, SALT LAKE CITY, UT 84108-08						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually		When	~			
If this production is commingled with that t	from any of	her lease or	pool, gi	ve comming	ling order num	ber:					
IV. COMPLETION DATA				<u> </u>	1 57 37 11	I w. 4	1 B	C Ph Park	Isuma Baa'u	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	-   '	Gas Well	New Well	Workover 	Deepen	Plug Back	12auie Mer A	I Kesv	
Date Spidded	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	<u> </u>				1			Depth Casin	ng Shoe		
		710010	G . C!	110 AND	CENTENT	NG BEGOI	)D	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLL OILL	0/10/10/01/10 0122				00, 77, 00,						
					ļ						
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE		J			J			
OIL WELL (Test must be after re	ecovery of t	otal volume							for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Me	eunoa ( <i>r·Iow, p</i>	ump, gas lift, e				
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oit - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL	.l							ــــــــــــــــــــــــــــــــــــــ			
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Conden	sate/MMCF		Gravity of	Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE O	F COMI	LIA	NCE	1				D.V.(2):	····	
I hereby certify that the rules and regul-	ations of the	e Oil Consci	vation		1	JIL COI	NSERV.	AHON	DIVISIO	N	
Division have been complied with and is true and complete to the best of my l			CH MOON	•	Date	Approve	ad B	MAY 08	1989		
112	at	. ,			Date	- Whine			<del></del>		
Signature J. Hampton					By_		Buch	) e	um/		
J. L. Hampton Sr	Staf	f Admi		ıprv			SUPERV	SIONDI	STRICT	# 3	
Printed Name Janaury 16, 1989		303-	Title 830-5	5025	Title						
Date			phone l		#						

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.