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

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

## 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**

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQU	JEST FO	OR A	LLOWA	BLE AND	AUTHORI	ZATION				
I.					AND NA		AS				
Operator Depote to Comp			- 1	API No.							
Amoco Production Company Address					<del></del>	13003922892					
1670 Broadway, P. O.	Box 800	, Denve	er,	Colorad	lo 80201						
Reason(s) for Filing (Check proper box)				_	Oth	er (Please expl	ain)				
New Well L	Oil	Change in	Transp Dry G								
Recompletion [ ]		nd Gas	•								
If change of operator give name Ton	neco Oi	1 E & I	P. 6	162 S.	Willow,	Englewoo	d. Colo	rado 80	0155		
and sources to previous operator											
II. DESCRIPTION OF WELL AND LEASE  Lease Name Well No.   Pool Name, Including						ing Formation Lease No.					
ROMERO COM 1 OTERO (CHAC					· .			RAL	RAL SF080658		
Location					_						
Unit Letter P	: 11	20	Feet F	rom The FS	SL Line	and 790	Fe	et From The	FEL	Line	
Section 25 Townsh	ip26N	.6N Range6W				, NMPM, RIO AI			RRIBA County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	NSPORTE	or Conden				e address in w	hich approved	copy of this	form is to be s	ent)	
GIANT REFINING					Address (Give address to which approved copy of this form is to be sent)  P. O. BOX 256, FARMINGTON, NM 87499						
nne of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form					ens)	
L PASO NATURAL GAS COMPANY				_,	P. O. BOX 1492, EL PASO						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	le gas actually	y connected?	When	17			
If this production is commingled with that	from any of	her lease or p	pool, gi	ive comming	ling order numl	ber:					
IV. COMPLETION DATA	-								-,		
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth	L	<b>1</b>	P.B.T.D.	J	_L	
<b>,</b>											
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations					L			Depth Casing Shoe			
								•			
	TUBING, CASING AN				CEMENTI	NG RECOR	ED .	- <b>,</b>			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
	·					1					
V. TEST DATA AND REQUE					4 h		lawahla for th	ie dansk og be	for full 24 hos	uee )	
OIL WELL (Test must be after recovery of total volume of load oil and must be after recovery of total volume of load oil and must bate of Test.  Date of Test					t be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)						
							-	-,			
Length of Test	Tubing Pr	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
On - Bois.		•									
GAS WELL											
Actual Prod. Test - MCI/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
م دیدهمر او او در ریاز در او دارا	Tubing Pressure (Shut in)				Casing Pressure (Shut-in)			- /1	Choke Size		
Lesting Method (pitot, back pr.)					Casing Press	nie (20m:m)		Choke Size	-		
VI. OPERATOR CERTIFIC	ATE O	F COMP	T IA	NCE	1	<del></del>					
I hereby certify that the rules and regu					(	OIL COI	NSERV	ATION	DIVISION	NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					MAY 08 1989:						
	,				Date	Approve	30		1003		
J. J. Hampton							3-1	·). 🕳	Kang/		
Signature					∥ By_		SUPERV	I S LOND	LSTRICT	#432	
J. L. Hampton Sr. Staff Admin. Suprv. Printed Name Title					Title		<u> </u>				
Janaury 16, 1989		303-8									
Date		Tele	phone	MO.	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.