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Appropriate District Office
DISTRICT1
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

							AUTHOR		N						
I. Operator	LAND	NA I	TURAL G		ell /	IPI No.									
Amoco Production Compa		3003922896													
Address 1670 Broadway, P. O. Box 800, Denver, Colorado 80201															
Reason(s) for liling (Check proper box)		Change in				Othe	r (Please expi	ain)							
New Well															
Recompletion 1	Oil		Dry G												
	Casinghead	=													
and address of previous operator			P, 6	162 S.	Willow		Englewoo	d, Co	loı	ado 80	155				
II. DESCRIPTION OF WELL															
JICARILLA A		ng Formation TA) FEDI				DE	RAL 9000			se No.					
Location D Unit Letter	940	0	Feet F	rom The F	NL	L Line and 1000				et From The	FWL	FWL Line			
Section 17 Township	26N	5W						ARRIBA			Count	у			
THE ENTERPOSE A TRACKE ON THE A ST	CRARTE	D OF A		IIN BLATTE	IDAT CIA										
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conden		IV NAIL			address to w	hick appro	wed	cany of this f	orm is to	he sen	11		
CONOCO	P. O. BOX 1429, BLOOMFIELD, NM 87413														
Name of Authorized Transporter of Casing					opy of this form is to be sent)										
NORTHWEST PIPELINE COR	þ. o.	BO	X 8900,	KE CITY, UT 84108-0899											
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge	is gas acti	ually	connected?	l w	hen	7					
If this production is commingled with that (  IV. COMPLETION DATA	from any other	er lease or	pool, gi	ve comming	ling order a	umb	ег:								
COMMISSION DATA		Oil Well		Gas Well	New W	ell Ì	Workover	Deepe	n	Plug Back	Same Ro	s'v	Diff Re	s'v	
Designate Type of Completion	- (X)	1	i		1	ï	··· CAROTO	L	" i	, and track		• .	1	• •	
Date Spudded	Date Compl. Ready to Prod.				Total Dep	Total Depth				P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	i .	Top Oil/C	Top Oil/Gas Pay				Tubing Depth							
Perforations											Depth Casing Shoe				
			~		GDI 4ENI	·	10 proce			l					
100 5 0 25	1		CEMEN	CEMENTING RECORD					CACVE CEMENT						
HOLE SIZE	LAS	SIZE	-	DEPTH SET					SACKS CEMENT						
A CONTRACTOR OF THE STATE OF TH			·   · · · · · ·												
	l														
The same of the sa															
V. TEST DATA AND REQUES															
OIL WELL (Test must be after re	<b>~</b>		of load	oil and mus	-,						for full 24	hows	:.)		
Date Fir∞ New Oil Run To Tank	Date of Test	Producing	Producing Method (Flow, pump, gas lift, etc.												
Length of Test	Tubing Pressure				Casing Pro	Casing Pressure					Choke Size				
Actual Prod. During Test	Oil - Bbls.		Water - B	Water - Bbls.					Gas- MCF						
GAS WELL	L				J					J			· · · · · ·		
Actual Prod. Test - MCI/D	Length of T	est			Bbls. Con	dens	ate/MMCF			Gravity of C	ondensat	B			
Testing Method (pitot, back pr.)	Tubing Pres	Casing Pro	Casing Pressure (Shut-in)				Choke Size								
VI. OPERATOR CERTIFIC	ATE OF	COMP	ILIAN	ICE.	1					·	··				
I hereby certify that the rules and regulations of the Oil Conservation						C	OIL CON	ISER	V٨	NOITA	DIVIS	SIO	N		
Division have been complied with and that the information given above															
is true and complete to the best of my k	nowledge and	d belief.			Da	ate	Approve	d	M	AY 0.8	QQQ				
J. L. Hampton								-4	,			,			
Signature						By Sun) Chang									
J. L. Hampton Sr. Staff Admin. Suprv. Pinted Name Janaury 16, 1989 303-830-5025						le_		SUPER	VI	SION DI	STRIC	T#	3		
Date Date															

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,