Submit 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

P.O.Box 2088

DISTRICT II		.Box 2088					
P.O. Drawer DD, Artesia, NM 882	Santa Fe, New	Mexico 87504-2088					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 8	REQUEST FOR ALLOWA	BLE AND ALITHORIZA	TION				
1000 Rio Biazos Rai, 1 anti, 1 anti, 1 anti, 1	REGUEST FOR ALLOWA	L AND NATURAL GAS	HON				
Oto-	Attention:		Well AF	'I No.			
Operator Amoco Production Company		Kelly Stearns 3003922899					
Address		80201 (303) 830-4457					
P.O. Box 800 Den	ver Colorado			+57			
Reason(s) for Filing (Check proper box		Other (Please explain)	1				
New Well	Change in Transporter of: Oil Dry Gas					:	
Recompletion	Casinghead Gas Condensate	P. A.					
f change of operator give name nd address of previous operator							
II. DESCRIPTION OF WELI	Well No. Pool Name, Includi	ing Formation	Kind of	Lease Federal or Fee	Jierr Rædil	NPA	
Lease Name JICARILLA /B/		PACITO GALLUP	State, F	INDIAN	CONTRA	CT 109	
Location							
Unit LetterE	1850 Feet From The N	ORTH Line and 870	Fee	et From The	WEST	Line	
One Better				RIO ARRIBA		County	
Section 21 Townsl	hip 26N Range 5W	,NMPM,		NIO ANNIDA		County	
III DESIGNATION OF TRA	NSPORTER OF OIL AND NATU	TRAL GAS					
Name of Authorized Transporter of Oi	or Condensate	Address (Give address to which			n is to be sen	1)	
GARY WILLIAMS ENERGY CORP.	<u> </u>	370 17TH ST. SUITE 5300				-1	
Name of Authorized Transporter of Ca	asinghead Gas or Dry Gas X	Address (Give address to which P.O BOX 58900 SALT LAK			n is to be sen	1)	
NORTHWEST PIPELINE CORP.	243930	Is gas actually connected?	When?				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connected.	1				
If this production is commingled with t	that from any other lease or pool, give comm	ningling order number:					
IV. COMPLETION DATA	243250			,	·	=1	
	Oil Well Gas Well	New Well Workover	Deepen	Plug Back Sa	ime Res'v	Diff Res'v	
Designate Type of Completic		X		P.B.T.D.			
Date Spudded	Date Compl. Ready to Prod.	Total Depth 7500' KB		!	7456' KB	×	
06-21-82	Name of Producing Formation			Tubing Depth			
Elevations (DF,RKB,RT,GR,etc.) 6590' KB	Tapacito Gallup	6682'		6726'			
Perforations				Depth Casing S	hoe		
66	82-6728' GALLUP						
		CEMENTING RECORI)		CKC CENVEN		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT 240 CF CL- B + 2% CaCl2 + 1/4# / ex flocel			
12 1/4"	9 5/8"	7499' KB	295' KB 7499' KB		1st: 622 CF econolite, 177 CF CI- B		
8 3/4", 7 7/8"	2 3/8"	6726'	6726'		2nd: 204 CF econolite, 118 CF CI-B 3rd: 622 econolite, 118 CF CI-B		
Lower DV @ 4018' KB,	Upper DV @ 2583' KB			3rd: 622	aconolite, 118 (F CI ·B	
V. TEST DATA AND REQU	EST FOR ALLOWABLE				t t.!! 24 h	1	
OIL WELL (Test must be after	er recovery of total volume of load oil and mi	Producing Method (Flow, pur	owable for np. gas lift.	inis depin or be j , eic.)	or juit 24 not	urs.)	
Date First New Oil Run To Tank	O8-02-93	Troubling Manager (1		wing			
08-02-93 Length of Test	Tubing Pressure	Casing Pressure		Choke Size 24	15# back	press	
24 HOURS	255	380			NO CHOKE		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.		Gas - MCF		5.0 53	
	20.4	14.4			3 38	- (1 is	
GAS WELL					, Gen 1960 Fr	•••	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Co	ndensate UG31	្នុព្ទ	
		C : D (Chut in)		Chales Sine			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		IIO OIL	. CON	. 1.30	
M. ODED ATOR CERTIFIC	TATE OF COMPLIANCE				DIST.		
VI. OPERATOR CERTIFIC		OIL CON	SERV.	ATION D	IVISIO	N	
Conservation Division have been	en complied with and that the						
information given above is true	and complete to the best of my	Date Approve	ed S	EP 15	נללו		
V11 1)						
Kelly Steams	<u>/</u>	ByOriginal	Signed b	y CHARLES GE	IOLSON		
Signature Kelly Stearns	Asst. Business Analyst	Dy					
Printed Name	Title	Title	Y Oil & G	فالفائدة نشر	A,	}	
08/30/1993	(303) 830-4457	Title					
Date	Telephone No.	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 a pages.

4) changes.