Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Antesia, 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 1

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT\_III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO TRANSPORT	OIL. A	IND NATUHAL GAS	Well AT	ol No	,
Operator AMOCO PRODUCTION COMPANY					( A)	/ V 3) K
Address P.O. BOX 800, DENVER,	CO 80201					
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator  I change of operator give name	Change in Transporter of Oil Dry Cas Casinghead Gas Condensate		Other (l'Ieuse explain)			
nd address of previous operator						
I. DESCRIPTION OF WELL AND LEASE  Lease Name Well No. Pool Name, Including JICARILLA CONTRACT 155  Location BLANCO MES			Formation Kind of State F		Lease ederal or Fee	Lease No.
Unit Letter	: 1050 Feet From T	Die <u>N</u>	Line and1610 '	Fee	t From The	W Line
Section 29 Townshi	p 26N Range	5W	, NMPM, RIO	ARRIB/		County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL AND N	ATUR J	AL GAS Address (Give address to which	approved	copy of this form	is to be sent)
Name of Authorized Transporter of Casin EL PASO NATURAL GAS	Authorized Transporter of Casinghead Gas or Dry Gas XX Address (Give address to which approved copy of this for NATURAL GAS 28/574774 P.O. BOX 4990, FARMINGTON, NM					
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	Rgc. I	ls gas actually connected?	When	7	·
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give con	mminglin	ng order number:			
Designate Type of Completion	Oil Well	Well	New Well   Workover   XX	Deepen	Plug Back San	ne Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	( ;	Total Depth	<u></u>	P.B.T.D.	
9/9/85 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		5380 Top Oil/Gas Pay		Tubing Depth	
6695' KB 6680 GL	MESAVERDE		5206'		5326 t  Depth Casing Shoe	
5206'-5	366' Mes	asse	ende		Depair Casing Si	10e
	TUBING, CASING AND				O O O O O O O O O O O O O O O O O O O	
HOLE SIZE 12 1/4"	CASING & TUBING SIZE  8 5/8"		DEPTH SET 341'		SACKS CEMENT 325 SX CL B	
7 7/8"	4 1/2"		5371'		1133 SX CL B	
	2 3/8"		5326'		389 SX CL B	
V. TEST DATA AND REQUE		L			J	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test		be equal to or exceed top allows Producing Method (Flow, pump			idl 24 hours.)
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Dbls. MAR	1	Gas- MCF	
GAS WELL					J	, , , , , , , , , , , , , , , , , , ,
Actual Prod. Test - MCI/D	Length of Test		Iblis, Condensate/MMCF		Gravity of Con-	Jensate ,
852 Testing Method (pitot, back pr.)	1 HRS . (Shut in)		-O- Casing Pressure (Shut-in)		-0- Clioke Size	
FLOWING	62		247		.75	ir
VI. OPERATOR CERTIFIC		E	OILCONS	SERV	ΔΤΙΟΝ D	MOISIVI
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			OIL CONSERVATION DIVISION  Date Approved			
Cendy Burton/An						
Signature  CYNTHIA BURTON, STAFF ADMIN. SUPERVISOR  Printed Name / 1, / / / Title			Title SUPERMOSOR MISSEL TO B			
Date Date	(303).830-5119 Telephone No.	!	Title Sure	<b>)</b> (4 + 1 )	1	

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.