Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

.		TO TR	ANSP	ORT OI	L AND NA	TURAL G	AS				
Operator Among Production Com	Well API No.										
Amoco Production Com	3004521300										
1670 Broadway, P. O.	Box 80	0, Den	ver,	Colorad	lo 80201	[
Reason(s) for Filing (Check proper box)					-	er (Please expi	lain)				
New Well		Change i									
Recompletion	Oil		」 Dry G								
Change in Operator change of operator give name	Casinghe	ad Gas	Conde	nsate X						·	
nd address of previous operator											
I. DESCRIPTION OF WELI	L AND LE	EASE									
Lease Name	ing Formation					Lease No.					
CANYON	6 BASIN (DAK				OTA)		FED	FEDERAL		INDN00C14203	
ocation							· · · · · · · · · · · · · · · · · · ·				
Unit Letter M	:80	10	_ Feet F	rom The $\frac{F}{}$	SL Lin	e and 800	F	eet From The	FWL	Line	
Section 11 Towns	hip 25N		Range	11W	. N	мрм,	SAN J			County	
II. DESIGNATION OF TRA		ED OF (County	
lame of Authorized Transporter of Oil	Marokii	or Conde		X		e address to w	hich approved	copy of this	form is to be se	er/)	
ERIDIAN INC.	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 4289, FARMINGTON, CO 87499										
Name of Authorized Transporter of Casi	Gas X	Address (Give address to which approved copy of this form is to be sent)									
	TERRA GAS GATHERING CO.					P. O. BOX 1899, BLOOMFIELD, NM 87413					
f well produces oil or liquids, ve location of tanks.	Unit	Sec.	Twp.	Rge.	1 -		When				
		.l			<u> </u>						
this production is commingled with the V. COMPLETION DATA	a nomany ot	nei icase oi	poor, gr	ve comming)	ung order numi	Der:					
		Oil Wel	11 1	Gas Well	New Well	Workover	Deepen	Plua Dack	Same Res'v	Diff Res'v	
Designate Type of Completion	1 - (X)		i				Deepen	i riug back	Joanic Kes v	l burkes	
ate Spudded	Date Compl. Ready to Prod.				Total Depth	<u> </u>	P.B.T.D.				
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
								ruomg bepu			
erforations						,		Depth Casir	ig Shoe		
											
					CEMENTI						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
			····					 			
				·	·			ļ			
					·		*				
. TEST DATA AND REQUE											
IL WELL (Test must be after			of load	oil and must					for full 24 hour	s.)	
Pate First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pre				Casing Pressu				WE	m	
· · · · · · · · · · · · · · · · · · ·	raomg PR	'egrić			Castulk 1,16980		(D)	EVE	IAE		
ctual Prod. During Test	Oil - Bbls.			Water - Bbls.		- IN	Gas- MCF		TH:		
							~ *	AUGO	7 1989		
AS WELL								W CC	N. DIV	,	
tual Prod. Test - MCF/D	Length of	Test			Bbls. Condens	ale/MMCF	C	Gravity of C		<i>l</i>	
	-	-				* ***			ा. उ		
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressu	re (Shut-in)		Choke Size			
(ODED 1700 COST -					\ 			1			
I. OPERATOR CERTIFIC				ICE			SEDV	ATION!	DIVISIO	.NI	
I hereby certify that the rules and regu Division have been complied with and	Jations of the	Oil Conser	valion en above			IL CON	IOEM VA	TION	טוטועזע	1.4	
is true and complete to the best of my	knowledge at	nd belief.	TH AUCUVE			A -		110 00	1000 10	09	
1.10					Date	Approved	dE	UG 07	<u>1988 19.</u>	<u>x</u> -1	
4. J. Hampton					By But Chant						
Signature		_			By_	····	out.	, Ch	•—{		
Printed Name	r. Stafi	E Admir	n. Suj	prv.			SUPERVI	SION DI	STRICT #	3	
7.28.89		303-8	330-50	025	Title_						
Date			phone No								

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.