Subnut 5 Copies
Appropriate Lastrict Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department Furm C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION P.Ø. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brasos Rd., Aziec, NM 87410

Santa Je, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

,	T	OTRA	NSPC	RTOIL	AND NA	TURAL GA	45	en antenen	~		
Operator AMOCC PRODUCTION COMPAN	NY						WINO	39806950	······································		
Address P.O. BOX 800, DENVER, O	COLORADO	8020	1								
Reason(s) for Filing (Check proper box)					Oth	x (Please expli	ain)				
New Well	Change in Transporter of: Oil Dry Gas										
Recompletion []	Casinghead										
f change of operator give name and address of previous operator											
	AND LEA	SE.									
BANESCANPISON OF WELL	1	Well No.	Pool Na	CO PC C me, Includir		AS)	Kind	Lease Federal or Fee		ease No.	
SHA DUAN 28-1	1	50/68	Eta	new f	oc. S	outh 91	O	<u>react</u> por rec	-FET		
Location	~3 0 /	1.57)	F F	- THE F	#// Lin	e and	10 _ F	et From The	FEI	Line	
Unit Letter 8 H					1						
Section C Township	271	<u>'</u>	Rarge		W N	мрм, [iv a	who		County	
HL. DESIGNATION OF TRANS	SPORTER	OF O	LAN	NATU	RAL GAS						
TERS UP AMONDUL FrankSuper of Oil	or Conden	sate		3555 EA	5 T 1/30 TH W	STREET,	Farring	Yon ^{s, to} And	87401		
Name of Studios Charles Conf.	PANE.	eas Cas Or Dry Gas				Products Miby and the Series which appeared copy of this for mis to be sent)					
Hank of Modernto Limbbatta or Camp											
If well produces oil or liquids,	Unit	Juit Sec. Twp. Rge.			Is gas actually connected? When?						
give location of tanks. If this production is commingled with that I	from any other	r lease or i	noot giv	e comming!	ing order num	ber:					
IV. COMPLETION DATA	nom any one		, · · g -								
D. Com Istion	(Y)	Oil Well	(Gas Well	New Well	Workover	Deepon	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	Date Compl. Ready to Prod.				Total Depth	1	<u> </u>	P.B.T.D.			
Date Spudded	Date Compil. Ready to Fiew.										
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fo	omation		Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Slice			
								-			
TUBING, CASING AND					CEMENTI	NO DC	TG E	W &	CKS CEN	AFNT	
HOLE SIZE	CAS	CASING & TUBING SIZE				Dig 38 7			<u> </u>		
							JUG23	990			
The second secon				OII CON			. DIV	DIV			
V. TEST DATA AND REQUE	T FOR A	LLOW	ABLE		1		\ DIST.				
OIL WELL (l'est must be after)	recovery of to	tal volume	of load	oil and must	te equal to o	r exceed top at	Howable for th	is depth or be	for full 24 ho	ows.)	
Date First New Oil Run To Tank			Producing N	ng Method (Flow, pump, gas lift, e		etc.)					
1	Tubing Pre				Casing Pressure			Choke Size			
Length of Ted	Tubing Pressure						0:000				
Actual Prod. During Test	Oil - libis.			Water - Bbls.			Gas- MCF				
The state of the s	<u></u>				1			_1			
GAS WELL	I enul of	l'est			Bbls. Conde	nsate/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCT/D	Length of Test			Dois. Concession 1919			t				
eating Method (patet, rack pr.) Tubing Pressure (Shut-in)				Casing Pres	sure (Shut-in)		Choke Size				
			DI . 4 *		-\						
VI. OPERATOR CERTIFIC	CATE OF	COM	PL.A	NCE		OIL CO	NSER\	ATION	DIVISI	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					AUG 2 3 1990						
is true and complete to the best of my knowledge and belief.					Date Approved						
NI Illia					7 N d						
Signature 1					Ву				~~~		
Uong W. Whaley, Staff Admin. Supervisor					Titl	α .	SUPER	VISOR DI	STRICT	f 3	
Printed Name July 5, 1990		303-	830-4	4280	11 1111	u					
Date		Te	tephone	No.	Н						

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 charges 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.