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

Santa Fe, New Mexico 87504-2088

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

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

oo kio billaa hay waa ay aa a					AND NA							
TO TRANSPORT OIL A						Well Af				PI No. 392135100		
AMOCO PRODUCTION COMPA	.NY											
P.O. BOX 800, DENVER,	COLORAL	00 8020)1			/84						
Reason(s) for Filing (Check proper box) New Well		Change in	Transpor	rter of:	[] Ou	her (Please	explain)				
Recompletion	Oil		Dry Gar									
Change in Operator	Casinghea	d Gas 🔲	Conden	sale X								
f change of operator give name and address of previous operator												
*	ANDLE	ACE										
II. DESCRIPTION OF WELL Lease Name VALENCIA CANYON UNIT	AND LE	Well No.	Pool Na CHO	ime, Includi ZA MESA	ng Formation PICTUF	ED CLI	FFS	Kind o	f Lease Federal or Fed		ase No.	
Location N Unit Letter		1120	_ Fect Fro	om The	FSL Line and1690			00 Fe	Feet From The		Line	
Section 25 Townshi	281	28N Range 4W			, NMPM, RIO				ARRIBA		County	
III. DESIGNATION OF TRAN	SPORTE	or Conde	nente		Address (G	ive address	to which	h approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent) P.O. BOX 159 BLOOMFIELD, NM 87413						
GARY WILLIAMS ENERGY (Name of Authorized Transporter of Casin	JORPORA ghead Gas	PORATION or Dry Gas [X]				Address (Give address to which approved				copy of this form is to be sent)		
EL PASO NATURAL GAS CO					P.O. 1	30X_149	2, 1		TX 7	9978		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Тwp. 	j	ls gas actua		ed?	When	?			
If this production is commingled with that	from any oth	her lease or	pool, giv	e commingl	ling order nur	mber:						
IV. COMPLETION DATA		Oil Wel	1 0	Gas Well	New Wel	Worko	ver	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		_i	i_		Total Dept	<u>.l</u>			P.B.T.D.	I	1	
Date Spudded	Date Compl. Ready to Prod.				Total Depail				F.B. 1.D.			
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth		
Perforations					1				Depth Casin	ig Shoe		
		TURING	CASII	NG AND	CEMENT	ING RE	CORE	<u> </u>				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
TIOLE SIZE												
					ļ							
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE		.1				J			
OIL WELL (Test must be after	recovery of t	iotal volum	of load	oil and mus	t be equal to	or exceed to	op allo	vable for the	s depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lýt, etc.)						
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF			
	<u> </u>				<u>L.,</u>				J			
GAS WELL					T60-2-	lamenta (6 de 1	CE		Topulo	Condensate		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condeasate/MMCF				Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC	CATE O	F COM	PLIA	NCE) N	SEDV	ΔΤΙΩΝ	DIVISIO	NC	
I hereby certify that the rules and regu	ulations of th	e Oil Cons	ervalion			OIL C	ON	SERV	AHON	DIVIOR	J14	
Division have been complied with and is true and complete to the best of my	d that the inf r knowledge	omistion gi and belief.	ven abov	e	∥ Da	te Appı	rove	4	JUL	2 1990		
Nil.M.						id whh		7	. \ _	1		
Signature Signature		. \ .			Ву			سندھ	C	hand		
Doug W. Whaley, Sta Panted Name	iff Adm		Title		Tit	e		SUP	PEC	EIN		
June 25, 1990			-830- Tephone I	4280 No.				U'	<i>u</i> ,,,,	0.1000		

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 tage of take the property of DIST. 3 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.