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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 METRICE II

## 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. Drawer DD, Artesia, NM 88210		Canta Ea		ox 2088 Seigo 8750	A 2088					
DISTRICT III		Santa re,	, new me	exico 8750	4-2000					
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST									
I.	TOT	RANSPO	ORT OIL	AND NA	TURAL GA	AS				
Operator							API No.			
Amoco Production Company					3004506281					
Address 1670 Broadway, P. O. 1	Box 800, De	nver, C	olorad							
Reason(s) for Filing (Check proper box)				Othe	r (Please expl	ain)				
New Well Recognitetion		e in Transpo Dry Gas								
(10)	Oil Casinghead Gas		4.001000							
16.1										
and address of previous operator 1eni	neco Oil E	& P, 61	62 5.	willow,	Englewoo	a, Coloi	ado 80	1122		
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name Well No. Pool Name, Includi					or thea)		Lease No.			
BOLACK C LS	14	Branc	O SOUT	H (PICT	CLIFFS)	FEDE	KAL	SF079	9232	
Location Unit Letter B	800	Feet Fro	om The FN	Line	and 1640	Fe	t From The	FEL	Line	
Section 30 Townshi	<sub>P</sub> 27N	Range <sup>8</sup>	sw	, NN	ирм,	SAN J	JAN		County	
DECICNATION OF TRAN	ISPADTED AF	OIL AN	D NATH	RAL GAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil				Address (Giv	e address to wi	hich approved	copy of this j	orm is to be ser	u)	
Name of Authorized Transporter of Casin	Gas X	Address (Give address to which approved P. O. BOX 1492, EL PASO								
EL PASO NATURAL GAS COI		I True	1 Bas	le gas actually	· ·	EL PASO When		9978		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Тwp. I	i Kgc.	is gas actually	Connected?	#160	1			
If this production is commingled with that	from any other lease	or pool, giv	e commingl	ing order numb	er:					
IV. COMPLETION DATA	•	•								
B. dan T	(V) Oil V	Vell (	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		ly to Prod		Total Depth		L	P.B.T.D.	J	L	
Date Spudded Date Compl. Ready to Prod.							F.B. 1.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations -	.L	·		I			Depth Casin	ng Shoe		
							<u> </u>			
	TUBING, CASING AND			CEMENTII						
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	ST FOR ALLO	WABLE								
OIL WELL (Test must be after t		une of load o	oil and must					for full 24 how	75.)	
Date First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, p	ump, gas iyi, e	ic.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Tangar Gr Tea	ruonig riessure									
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
				J			J			
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Gravity of Condensate			
	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Cloke Size			
lesting Method (pitot, back pr.)	Tubing Pressure (	Snu. in)		Casing Fress.	ne (sum-m)		Cloke Size	•		
VI ODED ATOD CUDTING	ATE OF COL	ADLIAN	ICE	lı			1			
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
Division have been complied with and			:							
is true and complete to the best of my knowledge and belief.				Date ApprovedMAY 0.8 1000						
and I st				A Succession of the succession						
J. J. Slamplon				By But Chang						
Signature J. L. Hampton Sr. Staff Admin. Suprv.					SUPERVISION DISTRICT # 3					
Printed Name Title Language 16 1989 303-830-5025					Title					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.

Telephone No.

- 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.