Submit 5 Cupies
Appropriate District Office
DISTRICT!
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICTIII				
1000 Rio Brazos	Rd.	Azicc,	МИ	87410

	REQU	JEST FO	A FIC	LLOWAE	BLE AND A	UTHORIZ	'ATION		•		
	·	TO TRA	NSF	ORT OIL	AND NAT	URAL GA	o.x .S				
Operator AMOCO PRODUCTION CONT.	Well API Na										
AMOCO PRODUCTION COMPANY						30-045-06376					
P.O. BOX 800, DENVER, COLORADO 80201											
Reason(s) for Filing (Check proper bax)	COTOXVI	N 8020	1					ECF			
New Well	•	() 2 mar !=	Т	natar - Fr	Ollic	s (l'lease expla-	(n)			1	
Recompletion X	Oil	Change in	Dry G				34 %	JUL1	3 1 992	eggen"	
Change in Operator		4 Gar 🗍	Conde								
change of operator give name								L CO	N. DI	¥-4	
nd address of previous operator					····		,	DIS	Г. З		
I. DESCRIPTION OF WELL	AND LE	SE								•	
Lease Name		Well Na	Pool I	Name, Includi	ng Formation		Kind o	Lesse	1.0	aro No.	
FLORANCE D LS		#4	BAS	IN FRUI	TLAND COA	TT,	FED		NM-00		
Location											
Unit Letter G	:184	0 .	. Feet I	ion The No	ORTH Line	1800		L From The	EAST	Line	
								a tom 1180		1.156	
Section 20 Township	27N		Range	. 8W	N	ирм,	SA	N JUAN		County	
II. DESIGNATION OF TRANS	գրորդեր	D OF O	11 4 5	dia kiamer	nit a:-						
Name of Authorized Transporter of Oil		or Couden	IL A	AN WYIO	Addicas (Give address to which approved copy of this form is to be sent)						
	U Coudentate				VOCHETY (CIM	onaress to wy	ich opproved	copy of this for	m is to be as	nt)	
Name of Authorized Transporter of Casing	licad Gas		or Dr	y Gat XX	Address (Gin	oddress to wh	ich annaud				
EL PASO NATURAL GAS		2792	23	0		oddress to wh X 4990,				NI	
If well produces oil or liquids,	Unit		Twp.		le gae actually	connected?	Wien		0/499		
ive location of tanks.	<u> </u>			1	-		1	•			
this production is commingled with that f	rom any oth	et lease of	pool, g	ive comming	ling order numb	cr:			·		
V. COMPLETION DATA	c	7 7 9	25	TO T	_	•					
Designate Time of C-111	(30)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Rea'v	Dill Resy	
Designate Type of Completion -		1		XXX	i		_ = = -	XXX		1	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			1.B.T.D.		- 		
12-30-55		14-91				5250'			3 '		
Elevations (DF, RKB, RT, GR, etc.)	1	roducing Fo			Top OiVCat P	Top Oil Cat Pay					
6730 GR	FRU	ITLAND	COA	<u>L</u>	2644	2644) '		
	D 65==							Depth Caring	Depth Caring Shoe		
2644 - 2753 FRUITLAN		7101110		11101 - 111				<u> </u>		• .	
HOLE SIZE					CEMEN'III		D	1			
12 1/4"		SING & TU	BING	SIZE	DEPTH SET			SACKS CEMENT			
8 3/4"	7	5/8"		· · · · · · · · · · · · · · · · · · ·	174'			ļ			
6 1/4"		1/2"			2865'					· · · · · · · · · · · · · · · · · · ·	
		1/4"				5240'*					
. TEST DATA AND REQUES	TFORA	ILLOW/	AULF	<u> </u>		2670 '		J			
OIL WELL (Test must be after re					"5 1/2" be equal to or	cut and	pulled	@ 2875'	er full 24 hav	urs)	
Date First New Oil Run To Tank	Date of Te	a			Producing Me	thod (Flow, pu	nw, zas IVI. e	ic.)	. j 1 a + 1100	/	
								•			
ength of Tex	Tubing Pre	truic			Caring Pressu	ie		Cliuke Size			
:		···									
Actual Prod. During Test	Oil - Uble.			•	Water - Dule			CH-MCF			
					<u> </u>						
GAS WELL								-			
Actual Prod. Test - MC17D	Length of	l'cut			Ibla. Coaden	HILLIMMCI:	···	Giavity of Ca	andentale.		
16	24 Hrs.			-0-			1 , -	-0-			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Caring Pressure (Shut-in)			Clivic Size				
FLOWING .	100			1	L00		1/4"				
VI. OPERATOR CERTIFICA	ATE OF	COM	A T 10	NCE	1			1			
I hereby certify that the rules and regula	rime of the	Oil C	~!\\	NCE	11 . 6	DIL CON	ISFRV		אופור	N	
Division have been complied with and t	hat the info	mution viv	en abo.	ve						711	
is true and complete to the best of my k	nowledge a	nd belief.		•		Date Approved JUL 2 0 1992					
i l			Date Approved								
()					1.1						

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

Supervisor Tide

303=830=5119 Telephone No.

Signatum Cynthia Burton

Pricted Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance mil Dula III

By.

Title.

Original Signed by CHARLES GHOLSON

DEPUTY OIL & GAS INSPECTOR, DIST. #3