Subnut 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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210		Si Si		P.O. B	ox 2088 exico 875	04-2088	<i>)</i>	<i>'</i> .			
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 I.		JEST F	OR AL	LOWAE	BLE AND	AUTHOR					
TO TRANSPORT OIL AND						D NATUHAL GAS Well API No.					
Amoco Production Company						3004506537					
1670 Broadway, P. O.	Box 800	, Denv	er, C	olorad							
Reason(s) for Filing (Check proper box) New Well		Change in	Transpor	ter of:	LJ Oil	ner (Please expi	lain)				
Recompletion	Oil Casinghea	d Gas		tale 📗							
If change of operator give name and address of previous operator Ten	песо Оі	1 E &	P, 61	62 S.	Willow,	Englewoo	od, Colo	cado 80	155		
II. DESCRIPTION OF WELL Lease Name	AND LE		Pool Na	na Includi	na Formation		1			ease No.	
LODEWICK			Well No.   Pool Name, Includin			CLIFFS)	FEDE	RAL	SF07		
Location M Unit Letter M	156	62 <sub>895</sub>	Feet Fro	m The FN	L/ <u>54</u> Lir	se and 1775	2 ' <u>1 5</u> Fe	et From The	FEL / W	Line	
Section 18 Townshi	P27N		Range <sup>91</sup>	W	, N	мрм,	SAN J	JAN		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL ANI	NATU	RAL GAS						
Name of Authorized Transporter of Oil GIANT REFINING-	REFINING-			ĆJ.	Address (Give address to which approved P. O. BOX 256, FARMINGTO			ON, NM 87499			
Name of Authorized Transporter of Casin SUNTERRA GAS GATHERING			or Dry Gas 🛣		Address (Give address to which appr P. O. BOX 1899, BLOOM						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	la gas actual	y connected?	When	7			
t If this production is commingled with that	from any oth	er lease or	pool, give	commingl	ing order nur	ber:					
IV. COMPLETION DATA		Oil Well	LG	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		i	i	48 MCII	İ	I WORDVE	i Deepen	Ling Dack		I Resv	
Date Spudded Date Compl. R			Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RF, GR, etc.)	oducing Fo	ormation	<del></del>	Top Oil/Gas Pay			Tubing Depth				
Perforations	-l				·			Depth Casin	g Shoe		
	T	UBING,	CASIN	G AND	CEMENTI	NG RECOR	D.	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
			NG & TUBING SIZE			DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES OIL WELL (test must be after r				l and must	he equal to a	exceed top all	ounble for this	donth or he	for full 24 hour		
	Date of Tes		2			ethod (Flow, p					
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, buck pr.)	Tubing Pressure (Shul-in)				Casing Pressure (Shul-in)			Choke Size			
VI. OPERATOR CERTIFIC  Thereby certify that the roles and regul				CE	(	OIL CON	NSERV/	ATION	DIVISIC	)N	
Division have been complied with and is true and complete to the best of my t	that the infon	mation give					al.				
J. L. Hampton					Date Approved MAY 0.8 1989						
Superfuse  J. L. Hampton Sr. Staff Admin. Suprv. Printed Name Title					Title SUPERVISION DISTRICT # 5						
Janaury 16, 1989		303-8	330-50	25	Title		-0. EK 41	STON DI	STRICT	, <u>u</u>	

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.

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.