Submit 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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I	REQ					BLE AND AUTHORIZ L AND NATURAL GAS					
Operator Amoco Production Comp		Well API No. 3004506526									
Address							300	4506526			
1670 Broadway, P. O.	Box 80	O, Denv	er,	Col	orac			·			
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casinghe	Change is	Dry			Other (Please explain	)				
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE									
Loase Name LODEWICK	Well No.   Pool Name, Include 4   BASIN (DAK						Lease No. ERAL SF077974				
Location Unit LetterF	18	50		-	F	NL 2300	•		FWL		
Section 18 Township 27N Range 9W						Line and 2300 Feet From The FWL Line  , NMPM, SAN JUAN County					
III. DESIGNATION OF TRAN	ISPORTE	ER OF O	IL A	ND N	ATU	RAL GAS	- ,.			<u> </u>	
Name of Authorized Transporter of Oil or Condensate MERIDIAN INC.						Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					ΙX	P. O. BOX 4289, FARMINGTON, CO 87499  Address (Give address to which approved copy of this form is to be sent)					
SUNTERRA GAS GATHERING CO.						P. O. BOX 1899, BLOOMFIELD, NM 87413					
give location of tanks.	i		Twp.	_1.		Is gas actually connected?	When	7			
If this production is commingled with that IV. COMPLETION DATA	from any otl	ner lease or	pool, g	give con	nmingl	ing order number:					
Designate Type of Completion	- (X)	Oil Well		Gas W	/eil	New Well   Workover	Deepen	Plug Back   Sa	me Res'v Diff	Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.			Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Perforations					·	Top Oil/Gas Pay	Tubing Depth				
							Depth Casing Shoe				
		UBING,	CAS	ING A	AND	CEMEN'TING RECORD					
HOLE SIZE						DEPTH SET	SAC	CKS CEMENT			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE				<del>_</del>				
OIL WELL (Test must be after recovery of total volume of load oil and must						be equal to or exceed top allowal	ble for this	depth or be for j	full 24 hours.)		
Date First New Oil Run 10 Tank	Date of Te	SI.				Producing Method (Flow, pump,	gas lift, e	(c.)			
Length of Test	Tubing Pressure					Casing Pressure	Choke Size				
Actual Prod. During Test	Oil - Bbls.					Water - Bbis.	Gas- MCF				
GAS WELL	L. <u></u>										
ctual Prod. Test - MCF/D Length of Test						Bbls. Condensate/MMCF	Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)	Choke Size UE 6 7 1989				
VI. OPERATOR CERTIFICA	ATE OF	COMPI	IAN	JCE				CIL (	<del>20Ni. Di</del>	V.	
I hereby certify that the rules and regula Division have been complied with and the	ions of the	Oil Conserva	ation			OIL CONS	ERVA			••	
is true and complete to the best of my knowledge and belief.					Date ApprovedAUG 07 1989						
J. J. Hampton						3 1) 2					
Signature  J. L. Hampton Sr. Staff Admin. Suprv.						SUPERVISION DISTRICT # 3					
Printed Name 7128/89		303-83	Title 30-5	025		Title	·				
Date		Telepl	hone N	io	~ []	•					

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.