## Submit 5 Copies Appropriate Instrict Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-404 Revised 1-4-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210
DISTRICT III 1000 Rio Brians Rd , Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.						ATURAL G.				
Operator	AND NATURAL GAS Well API No.									
Amoco Production Company					3004506466					
Address 1670 Broadway, P. O. I	Box 800	. Denv	er. O	Colorad	o 8020	1				
Reason(s) for Liling (Check proper box)						ther (Please expl	ain)			
New Well Change in Transporter of:  Recompletion Change in Transporter of:										
Recompletion										
f change of operator give name Toppess Oil F. S. D. 6162, G. 1921.										
and address of previous operator			1, 01	02 3.	WIIIOW,	Englewoo	a, Colo	rado su	155	·
II. DESCRIPTION OF WELL Lease Name	F WELL AND LEASE  Well No. Pool Name, Including Formation Lease No.									No
HARGRAVE A	1 1				Z (PICT CLIFFS) FEDER					
Location			L							
Unit Letter	_ : 99	0	Feet Fro	om The	<u>-</u> -/_/_1-⊔	ne and $\frac{1150}{4}$	<u>-50</u> Fe	et From The	FEL	Line
Section 16 Township	16 Township 27N Range 10W NMPM, SAN JUAN County									County
HL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS										
Name of Authorized Transporter of Oil or Condensate 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					Address (Give address to which approved copy of this form is to be sent)					
GUNTERRA GAS GATHERING CO.				P. O. BOX 1899, BLOOMFIELD, NM 87413						
If well produces oil or liquids, give location of tanks	Unit	Sec.	Тwp. 	j kge.	is gas actua.	ily connected?	When	1		
If this production is commingled with that f	from any oth	er lease or	pool, give	e commingl	ing order num	nber:				
IV. COMPLETION DATA		loil Well		as Well	N W-11	Workover	D	Dive Deet	Same Res'v	by (C. Parking )
Designate Type of Completion -	- (X)		i	MEN	11cw 11ca	WORLOVE	Deepen	riug Dack	Same Kes v	Diff Res'v
Date Spudded Date Compl. Ready to 1			Prod. Total Depth				P.B.T.D.	3.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.)  Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations				Der			Depth Casin	epth Casing Shoe		
TUBING, CASING AND					CEMENT		D			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
v. TEST DATA AND REQUES	T FOR A	ĔĿŎŴ	RIF							
OIL WELL (Test must be after re				il and must	he equal to o	r exceed top allo	mable for this	depth or be f	or full 24 how	s.)
Date First New Oil Rith To Tank	Date of Tes	1			Producing M	lethod (Flow, pu	mp, gas lýl, e	ic.)		
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
	Tooling ( tellinote			,						
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
	l				·	<u> </u>		l		
GAS WELL Actual Prod. Test - MCI/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Cellar Five. Test - MCF/D				Bots. Concensate/NINICP			oravity of condensate			
esting Method (pitot, back pr )	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	CE			SEDV	TION I	טואואר	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.				Date ApprovedMAY_0.8_1989						
and the start				MAI-00 (3/4)						
Suprime J. Hampton				By 3 Chang						
J. L. Hampton Sr. Staff Admin. Suprv. Finited Name Title				SUPERVISION DISTRICT # 3						
Janaury 16, 1989 303-830-5025					Title	' <del></del>	······			
Uste		l'ele	otione No	).						الشعب ويبيع

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

- 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.
- 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.