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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION

State of New Mexico

Energy, Minerals and Natural Resources Department

Furm C-104 Revised 1-1-89 See Instructions at Buttom of Page

| O. Drawer DD, Artesia, NM 88210 | P.O. Box 2088 Santa Fe, New Mexico 87504-2088 | | | | | | | | | | |
|---|--|---------------|---------------|-----------------|-------------|--|------------------|-------------------|----------------|-----------------|--|
| OISTRICT III (XX) Rio Brazos Rd., Aziec, NM 87410 | | | | | | | | , | | | |
| OCO NIO DIEZOS RUL, MASC, INN. 67710 | REQ | | | | | LE AND AUTHORIZA | TION | / | | | |
| Operator | | 10 IK/ | HINDP | UNI | UIL | AND NATURAL GAS | Well A | l No. | . | | |
| AMOCO PRODUCTION COMPA | NY | | | | | | 300 | 4506640 | | | |
| Addriss Pour Coo Printer | OOT OD A | DO 000 | ^1 | | | | | | | | |
| P.O. BOX 800, DENVER, Ceascin(s) for Filing (Check proper bax) | CULURA | DO 8020 | J 1 | | | Other (Please explain) | | | | | |
| view Well | | Change is | Transp | orter of | _ | | | | | ļ | |
| Recompletion | Oil | _ | Dry G | | | | | | | ļ | |
| Change in Operator | Casingho | ad Gas | Conde | ncate | ഥ_ | | | | | | |
| change of operator give name nd address of previous operator | | | | | | | | | | | |
| I. DESCRIPTION OF WELL | AND LE | | T | | | | V:-4 - | | 1.00 | se Na. | |
| Lease Name SULLIVAN BRUCE | | Well No. | | | | ng Formation UTH (PICT CLIFFS) | Kind of | ATE | 1 | 3860A | |
| Location | | 1.650 | <u> </u> | | | VIII | ·· 1 | | | | |
| Unit Letter | _ : | 1650 | _ Feet F | rom Th | e | FSL Line and 990 | Fee | From The | FEL | Line | |
| Section () Townshi | 2 | 7N | Range | | 91, | . NMPM. | SAI | JUAN | | County | |
| | | | | | | | | | | | |
| II. DESIGNATION OF TRAN | SPORT | ER OF C | IL AN | ND NA | TUI | RAL GAS Address (Give address to which | a pproved | copy of this for | m is to be sen |) | |
| ans of Authorized Transporter of Oil or Condensate | | | | | | 3535 EAST 30TH STREET, FARMINGTON, NM 87401 | | | | | |
| Name of Authorized Transporter of Casin | ghead Gas | | or Dry | Gas [| | Address (Give address to which | approved | copy of this for | m is to be sen | | |
| EL PASO NATURAL GAS C | ÖMPANY | | | _, | | P.O. BOX 1492, E | | | 978 | | |
| If well produces oil or liquids, uve lucation of tanks. | Unut | Sec. | Twp | - | Rgc. | is gas actually connected? |) When | 7 | | • | |
| f this production is commingled with that | from any c | ther lease of | r pool, g | ive com | mingl. | ng order number: | | | | | |
| IV. COMPLETION DATA | • | | | | | | | · · · · · · · · · | | harren al | |
| Decine at Type of Consulction | - (X) | Oil We | u ! | Gas W | eli | New Well Workover | Doepea | Plug Back S | iame Res'v | Diff Res'v I | |
| Designate Type of Completion Date Spudded | | mpi. Ready | to Prod. | | | Total Depth | | P.B.T.D. | | L | |
| Date Spirante | | | | | | | | | | | |
| Elevitions (DF, RKB, RT, GR, etc.) | Formatio | 10 | | Top Oil/Gas Pay | | Tubing Depth | | | | | |
| Perforations | <u> </u> | | | | | | | Depth Caving | Shoe | | |
| Letter gricuit | | | | | | | | | | | |
| | | TUBINO | , CAS | ING A | ND | CEMENTING RECORD | | | | | |
| HOLE SIZE CASING & TUBING SIZ | | | | SIZE | | DEPTH SET | DEPTH SET | | SACKS CEMENT | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| <u> </u> | 1 | | | | | | | J | | | |
| V. TEST DATA AND REQUE | ST FOR | ALLOW | VABLE | E | | | tio for thi | dant or be fo | e full 24 hour | • 3 | |
| OIL WELL (Test must be after | recovery of | Test | e of load | d oil and | i must | be equal to or exceed top allows Producing Method (Flaw, pump | , gas lift, a | ic.) | , <u>,</u> | | |
| Date Fina New Oil Run To Tank | Daze or | ICM | | | | 1 | | | | | |
| Length of Test | Tubing I | Pressure | | | | Casing Pressure | | Choke Size | | | |
| | | | | | | Water - Biba | | Gas-MCF | | | |
| Actual Prod. During Test | Он - Вр | is. | | • | | FEB25 | 1991 | | | | |
| CA C SUCL I | | | | | | OU COR | 1 78 | | | | |
| GAS WELL Actual Frod. Test - MCI/D | Length | of Test | | | | Bbls. Condemne MMCF | | Gravity of Co | ondensale | | |
| | | | | | | [25] | Choke Size | | | | |
| lesting Method (paot, back pr.) | Tubing Pressure (Shut-in) | | | | | Casing Pressure (Shut-in) | | | | | |
| | |)C COV | IDI IA | NCE | | 1 | | · L | · | | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE | | | | | | OIL CONSERVATION DIVISION | | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above | | | | | | FEB 2 5 1991 | | | | | |
| is true and complete to the best of my knowledge and belief. | | | | | | Date Approved | | | | | |
| N//////. | | | | | | | 7. | 4) A | 1 / | | |
| Supality | | | | | | By Sunt Share | | | | | |
| Doug W. Whaley, Staff Admin. Supervisor | | | | | | SUPERVISOR DISTRICT 13 | | | | | |
| Printed Name February 8, 1991 | | 303 | Tale -830- | | ١ | Title | | | | | |
| Date | | ڊير | cicphone | c No. | | | | | | | |

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.
- 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.