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Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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 III 1000 Rio Brazas Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TO	TRANS	PORT OIL	AND NA	FURAL GA								
perator		c				Well A	Pl No.						
Amoco Production Comp	3004506717												
^{ddress} 1670 Broadway, P. O.	Box 800. D	enver.	Colorado	80201									
eason(s) for I sling (Check proper box)					r (Please explo	iin)							
ew Well		nge in Tran											
ecompletion [7]	Oil	L. Dry											
hange in Operator X	Casinghead Ga												
thange of operator give name. Ter	nneco Oil E	& P,	6162 S. V	Willow,	Englewoo	d, Color	ado 80	155					
DESCRIPTION OF WELL	. AND LEASE	:											
case Name		I No. Poc	l Name, Includir					Le	ase No.				
HODLE A 973	1		HN (MESAV	VERDE)	72319	FEDER	AL	WYW98	3153				
ncation			ANTO	_									
Unit Letter A		Fee	t From The FN	LLine	and 1090	Fee	t From The	FEL	Line				
Section 9 Towns	hip27N Range9W			, NMPM, SAN J			UAN County						
Section's	прети		igo ii										
L DESIGNATION OF TRA	NSPORTER C	F OIL	AND NATU										
ame of Authorized Transporter of Oil	[] or 0	Condensate	€					form is to be se	nt)				
ONOCO	NOCO						P. O. BOX 1429, BLOOMFIELD, NM 87413 Address (Give address to which approved copy of this form is to be sens)						
ame of Authorized Transporter of Casi		orl	Dry Gas [X]					nu)					
L PASO NATURAL GAS CO		. Tw	p. Rge.	P. O. BOX 1492, EL PASO Is gas actually connected? When									
well produces oil or liquids, re location of tanks.	Unit Sec	. w	h. I was.	to Bas access	,		•						
this production is commingled with the	at from any other le	ase or pool	, give commingl	ing order num	ber:								
V. COMPLETION DATA		·							_,				
D : T - (C)		il Well	Gas Well	New Well	Workover	Deepen	Plug Dack	Same Res'v	Diff Res'v				
Designate Type of Completio	,		<u></u>	Total Depth	l	L	D D :C D	. JL	1				
ate Spudded	Date Compl. R	eady to riu	u.	Total Depair			P.B.T.D.						
levations (DF, RKB, RT, GR, etc.) Name of Producin			tion	Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth					
(taudis (P) , KAD, AP, OR, tre)													
erforations							Depth Casi	ing Shoe					
	TUBING, CASING AND						SACKS CENENT						
HOLE SIZE	G & TUBIN	IG SIZE	DEPTH SET			SACKS CEMENT							
. TEST DATA AND REQU	EST FÖR ALI	OWAB	LE	L			· · · · · · · · · · · · · · · · · · ·						
IL WELL (Test must be afte	r recovery of total	volume of l	oad oil and must					for full 24 hou	rs.)				
bale First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, p	ump, gas lýt, e	ic.)						
and of the	Tr.A. in - Paris			Casing Press	int		Choke Size						
ength of Test	Lubing Pressur	Tubing Pressure			~.•								
Actual Prod. During Test	Oil - Bbls.			Water - Bbls			Gas- MCF						
· ·]						
GAS WELL													
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	nsale/MMCF		Gravity of	Condensate					
	-												
ting Method (pitot, back pr) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size						
				\ <u></u>			<u> </u>						
I. OPERATOR CERTIFI	CATE OF C	OMPLI	ANCE	1		NEEDV	ΑΤΙΩΝ	DIVISIO)NI				
I hereby certify that the rules and re-				'		NOEH V	ALION	ופועוטו	אוכ				
Division have been complied with a			bove										
is true and complete to the best of it	iy anowicage and t	octice.		Date	a Approve	ed	MAY-08	 10pa 					
(1 / 2/2	noton						00	/ 1.// " . A					
Sunday	y con			∥ By _		3.	\rightarrow α	1					
J. L. Hampton	Sr. Staff	Admin.	Suprv	1		emper-		y					
Printed Name		Ti	lle -	Title	·	SUPERV	1210N D	ISTRICT	#3				
Janaury 16, 1989		303-830 Telepho											
17480		LUCINIC	· ···.	11									

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.

Submit 5 Copies
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DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088
REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator Duradurat ' C		0 111741	101 C	7111 OIL	- AND NA	TURALG		API No.				
Amoco Production Comp	any						В004	506717		4		
1670 Broadway, P. O.	Box 800,	Denve	r, C	olorad								
Reason(6) for Filing (Check proper box) New Well		Change in Ti	ra n cove	ter of:	Out	et (Please expl	oin)					
Recompletion	Change in Transporter of: Oil X Dry Gas											
Change in Operator	Casinghead	~~	•	ate 🔲								
If change of operator give name and address of previous operator Ten	neco Oil	E & P,	616	62 S.	Willow,	Englewoo	d, Colo	rado 80	0155			
II. DESCRIPTION OF WELL	AND LEA	SE							_			
Lease Name RIDDLE A	Well No. Pool Name, Include BASIN (DAKO						PEDE	Lease No.				
Location	r	<u></u>		(DAMO	TR) f			DERAL WYW98153				
Unit Letter	810	F	eet Fro	m The FN	L Lin	e and 1090	Fe	et From The	FEL	Line		
Section 9 Townshi	hip ^{27N} Range ^{9W}					мрм,	SAN J	JAN County				
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND	NATU	RAL GAS							
Name of Authorized Transporter of Oil CONOCO		or Condensat	-		Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1429, BLOOMFIELD, NM 87413							
Name of Authorized Transporter of Casing	ehead Gas		Dry G	as X	Address (Giv	x 1429, e address to wh	BLOOMF I	ELD, NM	87413	t)		
EL PASO NATURAL GAS CON	1PANY			1	P. O. BO	X 1492,	EL PASO	TX 79	1978	nu)		
if well produces oil or liquids, give location of tanks.	Unit S	Sec. T	wp.	Rge.	Is gas actually connected? When ?							
If this production is commingled with that: IV. COMPLETION DATA	from any other	r lease or poo	ol, give	commingl	ing order num	ber:						
Designate Type of Completion		Oil Well	G	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl.	Ready to Pr	od.		Total Depth	L	L	P.B.T.D.	l	- L		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth				
Perforations					Depth Casing Shoe							
La								Deput Casili	g Silve			
	TU	JBING, C	ASIN	G AND	CEMENTI	NG RECOR	D					
HOLE SIZE	CASING & TUBING SIZE			ZE		DEPTH SET			SACKS CEM	ENT		
	 											
V Tret nata ann neoile	TEODA	TAWIR										
V. TEST DATA AND REQUES OIL WELL (Test must be after to				and must	he equal to or	exceed ton alla	umble for this	denth or he	Con Gull 24 have)		
Date First New Oil Run To Tank	Date of Test			0.43 (1.12)		thod (Flow, pu			or just 24 now	3.,		
eacht teach								, , , , , , , , , , , , , , , , , , , ,				
Length of Test	Tubing Press	nie			Casing Pressu	re		Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
CARWELL	l					·		l				
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	sate/MMCF		Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressu	re (Shut-in)		Choke Size				
VI. OPERATOR CERTIFICA	ATE OF (COMPLI	ANC		· [<u> </u>				
I hereby certify that the rules and regula Division have been complied with and t	tions of the O	il Conservati	on			OIL CON	SERV	NOITA	DIVISIO	N		
is true and complete to the best of my knowledge and belief.					Date ApprovedMAY 0.8 1999							
J. J. Hampton					7 2							
Signature J. L. Hampton Sr. Staff Admin. Suprv. Printed Name Talle					SUPERVISION DISTRICT # 3							
Printed Name Janaury 16, 1989	25	Title.										
Date .		Telepho										

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