Submit 5 Copies
Appropriate District Office Appropriate District Office
DISTRICT I
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 Buttom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II
P.O. Drawer DD. Artesia, NM. 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 3004506932 AMOCO PRODUCTION COMPANY Address P.O. BOX 800, DENVER, COLORADO 80201 Other (Please explain) Reason(s) for filing (Check proper box) Change in Transporter of: New Well Dry Gas Oil Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation Lease Name GALT E FULCHER-KUTZ (PICT CLIFFS) FEDERAL SF077384 Location FNL Line and 860 1650 FEL В Feet From The Feet From The . Unit Letter SAN JUAN County 27N NMPM, Range Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condentale of Authorized Transporter of Oil 3535 EAST 30TH STREET, FARMINGTON, NM MERIDIAN OIL INC. Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas SUNTERRA GAS GATHERING CO. or Dry Gas [P.O. BOX 1899, BLOOMFIELD, NM 87413 When ? Twp is gas actually connected? Soc Rge. If well produces oil or liquids, If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Plug Back Same Res'v Diff Res'v New Well Workover Gas Well Oil Well Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE **DEPTH SET** HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE d to or exceed top allowable for this depth or be for full 24 hours.) (Test must be after recovery of total volume of load oil and OIL WELL cing Method (Flow, pump, gas lift, etc.) Date First New Oil Rua To Tank Date of Test Choke Size Tubing Pressure Length of Test Gas- MCF Water Bols FEB 2 5 1991 Actual Prod. During Test Oil - Bbls. OIL CON. DIV **GAS WELL** Gravity of Condensate Bbls. Condensaics 19157. 3 Leavily of Test Actual Prod Test - MCT/D Casing Pressure (Shut-in) Tubing Pressure (Shut-in) lesting Method (puot, back pr.) OIL CONSERVATION DIVISION VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation FEB 2 5 1991 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved るシレン By_ SUPERVISOR DISTRICT #8 Signature Doug W. Whaley, Staff Admin. Supervisor

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

Ponted Name February 8, 1991

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

303-830-4280 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.