Submit 5 Copies
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 Bottom 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., Azlec, NM 87410	REQUEST				ALITHOD	IZATION				
I.										
. TO TRANSPORT OIL AND NATURAL						Well API No.				
Amoco Production Company					3004507			7052		
Address 1670 Broadway, P. O. I	Box 800, De	nver,	Colorad	o 80201	,	- -				
Reason(s) for Filing (Check proper box)				Oth	er (Please exp	lain)				
New Well	Change	in Transp	orter of:							
Recompletion		∐ Dry G	.—							
Change in Operator [X]	Casinghead Gas	Conde	nsate							
	neco Oil E 8	& P, 6	162 S.	Willow,	Englewoo	od, Color	r <u>ado 801</u>	55		
II. DESCRIPTION OF WELL		12						·	· · - ; ; · · · · · · · · · ·	
Lease Name	Well No. Pool Name, Including						Lease No.			
RIDDLE F LS	<u></u>	BLAN	CO SOUT	H_(PICT	CLIFFS)	FEDE	RAL	_ _SF080	1112	
Location Unit Letter A	. 790	Fect F	rom The <u>FN</u>	L Lin	e and 1090	Fe	et From The _F	EL	Line	
Section 32 Township	28N	Range	8W	, N	мрм,	SAN J	UAN		County	
III. DESIGNATION OF TRANS	SPORTER OF	OIL AN	ID NATU	RAL 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)					u)	
EL PASO NATURAL GAS COM				P. O. BOX 1492, EL PASO,						
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	is gas actuali	y connected?	When	7			
「				ing order sum						
If this production is commingled with that f IV. COMPLETION DATA	ioin any other lease	or poor, gr	ve containing	ing older nam						
	loii w	/ell	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion -		i		i	i	1			i l	
Date Spudded	Date Compl. Read	y to Prod.		Total Depth	·		P.B.T.D.		*	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations				L			Denth Casing	Depth Casing Shoe		
	TUBIN	G. CASI	NG AND	CEMENTI	NG RECOR	RD	!			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
				ļ. <u> </u>	· · · · · · · · · · · · · · · · · · ·					
ir Terror is i Tilliin in Extre	 	v.nie		L. <u></u>			J			
V. TEST DATA AND REQUES OIL WELL — (Test must be after re				he equal to or	exceed top all	oundle for this	doub or he for	full 24 hour	e)	
					Producing Method (Flow, pump, gas lift, etc.)					
	Date of rea					1.0	·			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.			Water - Bbls.			Gas- MCF			
GAS WELL	L			·			·			
Actual Prod. Test - MCF/D	Length of Test			Bbis. Conden	tale/MMCF		Gravity of Co	ndensate		
Actual Flod. Feat Met/D	Sough of Tox				one de					
Testing Method (pitot, back pr.)	Tubing Pressure (Shul-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF CON	APL IAN	NCE	[
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
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 MAY 08 1999					
1 1 21. st.					.F					
J. J. Slamplon				By But) Cham						
J. L. Hampton Sr. Staff Admin. Suprv.				SUPERVISION DISTRICT # 3						
l'unted Name	'tinted Name Title									
Janaury 16, 1989		-830-5 clephone		Title						
Date	,	richanae t	₩.	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.