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Appropriate District Office
DISTRICT1
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 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

1							TURAL G		HON						
l, Operator	JIL AI	AND NATURAL GAS WEII API No.													
Amoco Production Company						3004507093									
Address 1670 Broadway, P. O.	Box 800	. Denv	er.	Colora	ado	80201									
Reason(6) for Filing (Check proper box)		,					er (Please exp	olain)							
New Well		Change in	Transp	onter of:	٦ .	_									
Recompletion	Oil		Dry G	,-	.j `1										
Change in Operator	Casinghea	d Gas	Condo	ensate _											
If change of operator give name and address of previous operator.	nneco Oi	1 E &	P, 6	162 S	. Wil	llow,	Englewo	od,	Colo	rado 80	155				
II. DESCRIPTION OF WELL	L AND LE		Ta						٦				ise No.		
RUSSELL LS	1. 1			ool Name, Including Form LANCO (MESAVERI						RAT.		NM013860A			
Location		<u></u>	P 111.11.	(111					1 222						
Unit Letter	:99	0	_ Feet F	From The	FSL	Line	e and 990		Fe	et From The	FWL		Line		
Section 25 Towns	hip 28N		Range	e8W		, NI	мрм,		SAN J	UAN			County		
III DECICNATION OF TRA	NCPODTE	R OF O	H. AN	ND NAT	THEA	L GAS									
III. DESIGNATION OF TRANSPORTER OF OIL AND NATI						Address (Give address to which approved copy of this form is to be sent)									
CONOCO	L						P. O. BOX 1429, BLOOMFIE					LD, NM 87413			
Name of Authorized Transporter of Cas EL PASO NATURAL GAS C		or Dry	y Gas 🏋	-	Address (Give address to which approved of P. O. BOX 1492, EL PASO,										
If well produces oil or liquids,	Unit	Soc.	Twp. Rge.			is gas actually connected? When									
give location of tanks.		I	1						ᆚ						
If this production is commingled with th IV. COMPLETION DATA	at from any ot	her lease or	pool, g	ive commi	ingling	order numi	ber:								
Designate Type of Completion	n - (X)	Oil Wel		Gas Well		New Well	Workover	1	Ocepen	Plug Back	Same	Res'v	Diff Res'v		
Date Spudded		Date Compl. Ready to			10	Total Depth				P.B.T.D.			L		
Elevations (DF, RKB, RT, GR, etc.)	Name of I	roducing F	ormatio	<u></u>	То	Top Oil/Gas Pay				Tubing Dep	Tubing Denth				
								Depth Casing Shoe							
Perforations										Depar Casi	iig Silo				
	TUBING, CASING AN					MENTI	,								
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT					
	-	 -								·		-			
										J					
V. TEST DATA AND REQU OIL WELL (Test must be afte					nust he i	eaual to or	exceed ton a	llawal	ble for the	s depth or be	for ful	1 24 how	s.)		
Date First New Oil Run To Tank	Date of To		<i>b</i> 1000				ethod (Flow,								
					- -	uiua Desem				Choke Size					
Length of Test	Tubing Pr	Tubing Pressure			\(\mathrea{\pi}{a}\)	Casing Pressure									
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.			W	Water - Bbls.				Gas- MCF					
GAS WELL								,,							
Actual Prod. Test - MCI7D	Length of	Length of Test					Bbls. Condensate/MMCF				Gravity of Condensate				
lesting Method (pilot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size					
VI. OPERATOR CERTIF	-					(OIL CO	NS	ERV	ATION	DIV	/ISIC	N		
Division have been complied with a is true and complete to the best of n			ven abo	ve		Date	Approv	ned	N	1AY 08	1989				
1 1 the star							, , _{(P}) (V	コ		d		/			
Suprine Silvery Con						By SUPERVISION DISTRICT # 3									
J. L. Hampton Sr. Staff Admin. Suprv. Printed Name Title						Title		ວປໂ	-envi	SION DI	31K	igt#	3		
Janaury 16, 1989			830- lephone	5025 No.	-	, alo	·								

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.