## Submit 5 Copies Appropriate District Office DISTRICT J 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

-1-

## OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer UD, Artesia, NM 88210	OI.	Canta Ga	P.O. F	Box 2088 Texico 875	01 <b>1131</b> 0	44			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	RECLIES				04-208 <b>6</b> AUTHORI	ZATION			
I. [Operator					TURAL G	AS	API No.		
Amoco Production Comp	any					1	507094		
Address 1670 Broadway, P. O.	Box 800, I	enver, (	Colorac	io 80201					
Reason(s) for Filing (Check proper box)	~			Oth	ct (Please expl	zin)			
New Well [ ]	Cha Oil	inge in Transpo Dry Ga	,						
Change in Operator	Casinghead Ga		nsale []						
If change of operator give name and address of previous operator Ten	neco Oil E	& P, 61	162 S.	Willow,	Englewoo	d, Colo	rado 80	0155	
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name Well No. Pool Name, Include STOREY LS 3 BLANCO (MES						Lease No.			
Location	3	BLANC	JO (MES	SAVERDE)		FEDE	RAL	SF07	8566
Unit Letter	1050	Fed Fr	om The FS	SL Lin	e and 950	Fe	et From The	FWL	Line
Section 26 Townshi	<sub>p</sub> 28N	Range	3W	, <u>N</u>	мрм,	SAN J	UAN		County
III. DESIGNATION OF TRAN			D NATU						
Name of Authorized Transporter of Oil	or C	ondensate	<u> </u>	Address (Giv	e address to wh	ich approved	copy of this f	orm is to be se	ni)
Name of Authorized Transporter of Casin EL PASO NATURAL GAS CO					e address 10 wh X 1492,			orm is to be se 9978	ni)
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	is gas actuali		When			
If this production is commingled with that IV. COMPLETION DATA	from any other lea	se or pool, giv	e comming	ling order num	per:				
		Well C	Jas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		<u>i</u> _		j	<u> </u>	·	,	i	Ĺ
Date Spudded	Date Compl. Rea	ady to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Produci	ing Formation	-	Top Oil/Gas I	'ay		Tubing Depth		
Perforations	<u> </u>			l	<del></del>		Depth Casin	g Shoe	
	TUBI	NG, CASIN	IG AND	СЕМЕНТІ	NG RECORI		<u>!</u>		
HOLE SIZE		& TUBING S		DEPTH SET			SACKS CEMENT		
V. TEST DATA AND REQUES	 ST FOR ALLO	OWABLE				<del></del>			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Covery of total vol	lume of load o	il and must	be equal to or	exceed top allo	wable for this	depth or be f	or full 24 how	s.)
that the new Oil Run to Fank	Date of Test			rroducing Me	thod (Flow, pur	np, gas iyi, ei	c.)		
Length of Test	Tubing Pressure		*****	Casing Pressu	re		Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF		
GAS WELL	1								j
Actual Prod. Test - MCF/D	Length of Test			Bbls. Cendens	ale/MMCF		Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (	(Shut-in)		Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	ATE OF CO	MPLIAN	 CE	1		<u>-</u>	l		J
I hereby certify that the rules and regula	tions of the Oil Co	onservation	CL	C	IL CON	SERVA	I NOITA	OIVISIO	N
Division have been complied with and t is true and complete to the best of my k						. MA	Y 08 19	90	
111	at			Date	Approved	7	_/	··; ¬	
Simplifie J. Slamy	Non			Ву		المندة	Cha	-{	
J. L. Hampton Sr	. Staff Ad		rv.		\$1	PERVIS	ION DIS	RICT # 3	 j
Printed Name Janaury 16 1989	30	Title 2	25	Title_					

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

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.







**Job separation sheet** 

Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

DISTRICULI P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TOT	RANS	SPORT OIL	_ AND NA	TURAL GA				
Operator Amoco Production Compa	inv						NPI No. 507007		
Address			13004	507094					
1670 Broadway, P. O. B	lox 800, De	nver,	, Colorad			.i_1	<del></del>		
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Chang Oil Casinghead Gas	Dry	nsporter of: y Gas	Out	ct (Please expla				
f change of operator give name and address of previous operator Tenn	eco Oil E	& P,	6162 S.	Willow,	Englewoo	d, Colo	rado 80	155	
I. DESCRIPTION OF WELL	AND LEASE								
Lease Name		No. Po	ol Name, Includ	ing Formation				la	ase No.
STOREY LS	3	BL	ANCO SOUT	TH (PICT	CLIFFS)	FEDE	RAL	SF078	8566
Unit LetterM	. 1050	Fee	st From The FS	SLLin	e and <u>950</u>	Fe	et From The	FWL	Line
Section 26 Township	28N	Ra	nge8W	N	мрм,	SAN J	UAN		County
II. DESIGNATION OF TRANS				RAL GAS	ve address to wh	ich approved	conv of this f	orm is to be set	nı)
Name of Authorized Transporter of Oil  A ST		endensate	Κ	Vogless (Ov	e accuress to wh	исн арргочеа	Lopy by this je		-,
Name of Authorized Transporter of Casing		or	Dry Gas X	1	e address to wh				ni)
EL PASO NATURAL GAS CON	1PANY  Unit Sec.	Tw	n. I Rue	P. O. BO	OX 1492, ly connected?	EL PASO When		9978	
ive location of tanks.	ii	i_	ii			i			
f this production is commingled with that f  IV. COMPLETION DATA	rom any other leas	e or pool	l, give comming	ling order num	ber:				
		Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion - Date Spudded	- (X) Date Compl. Rea	dy to Pm	<u></u>	Total Depth	l	<b></b>	P.B.T.D.	l	<u> </u>
trate Spanier	Date Compa. Rea		~-	<u> </u>					
Elevations (DF, RKB, RT, GR, etc.)	Name of Produci	ng Forma	ttion	Top Oil/Gas	Pay	Tubing Dep	ibing Depth		
Perforations	L			1			Depth Casin	g Shoe	
				CELLENIE	NG BECOR	<u> </u>	<u> </u>		
HOLE SIZE	CASING			CEMENTI	NG RECOR DEPTH SET	<u>D</u>		SACKS CEMI	ENT
				·			ļ. <b>_</b>		
. From the contract of the state of the contract of the contra									
V. TEST DATA AND REQUES						amabla for thi	e douth or he	Cor full 24 hour	re 1
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	iwne of to	oaa oii ana mus		ethod (Flow, pu			10r jul 14 110w	
							Choke Size		
Length of Test	Tubing Pressure			Casing Press	nie		Choke size		
Actual Prod. During Test	Oil - Ubls.			Water - Bbis			Gas- MCF		
	l			<u> </u>			J		<del>-</del>
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	nsate/MMCF		Gravity of C	ondensate	
l'esting Method (pitot, back pr.)	Tubing Pressure	(Shut-in)		Casing Press	ure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC  Thereby certify that the rules and regular					OIL CON	ISERV	ATION	DIVISIO	)N
Division have been complied with and is true and complete to the best of my h	that the information	n given a				. м.	AY 08 19	200	
	,			Date	Approve	d	_//	<u>.</u>	
	plan		<del>-</del>	By_		المندلة	) The	<b>-/</b>	
Signature J. L. Hampton Sr	. Staff Ad	lmin.	Suprv	-	8	SUPERVI	SION DIS	TRICT #	8
Printed Name Janaury 16, 1989		Tit	ile - 0-5025	Title	)				
Date		Telepho							

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