Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minefals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	DEO!		OR ALLOWA			IZATIONI				
I.			NSPORT OI							
Operator							Well API No.			
Amoco Production Company					3004507331					
Address 1670 Broadway, P. O. 1	Box 800	, Denve	er, Colorac	lo 80201						
Reason(s) for Usling (Check proper box)					et (Please exp	lain)				
New Well Recognelation			Transporter of:							
Recompletion [2] Change in Operator [X]	Oil Casinubea		Dry Gas L. Condensate							
					P . 1	1 0 1				
and address of previous operator 1911	ieco ui	LEAL	P, 6162 S.	Willow,	Englewoo	od, Colo	rado 8	0155		
IL DESCRIPTION OF WELL	AND LEA									
Lease Name RIDDLE F LS	Well No. Pool Name, Include BLANCO (MES					FEDE	FEDERAL		Lease No. SF080112	
Location						+ 222	ituin	1 01 000	/112	
Unit Letter A	: 115	50	Feet From The FN	IL Line	and 1131	F	eet From The	FEL	Line	
Section 20 Townshi	28N		Range8W		MPM,	SAN J			County	
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L AND NATI	RAL GAS						
Name of Authorized Transporter of Oil or Condensate [7]					Address (Give address to which approved copy of this form is to be sent)					
CONOCO								LD, NM 87413		
Name of Authorized Transporter of Casing EL PASO NATURAL GAS COM					Address (Give address to which approved P. O. BOX 1492, EL PASO			** *		
If well produces oil or liquids,		Sec.	Twp. Rge.	ls gas actually		When		, , , , , , , , , , , , , , , , , , , 		
If this production is commingled with that I	from any othe	er lease or p	cool, give comming	ling order numb	er:					
IV. COMPLETION DATA										
Designate Type of Completion	. (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		l. Ready to	Prod.	Total Depth		1	P.B.T.D.	l	·L	
							1.5.1.5.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas I	`ay		Tubing Dep	Tubing Depth		
Perforations							Depth Casi	Depth Casing Shoe		
	1	· · · · · · · · · · · · · · · · · · ·	CASING AND							
HOLE SIZE	CASING & TUBING SIZE			ļ	DEPTH SET			SACKS CEMENT		
iž Serkove us 198 171 Kliš usuvoji rivo	 	rrain.	K. 6	J			J	 		
V. TEST DATA AND REQUES OIL WELL (Test must be after re				the equal to or	exceed top all	ausable for th	ir danth or ha	Car full 24 hour	•)	
Date First New Oil Run To Tank	Date of Tes		j loda oli una misi	Producing Me	· ·			jor juit 24 nour	···	
							.			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
							J]	
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Charle Size	Choke Size		
reading triceres (films, outer for)			··· ,	g t to a large						
VI. OPERATOR CERTIFICA	ATÉ OF	COMPI	JANCE							
I hereby 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.					MAY 0.9 1000					
and and complete to the own of my showledge and bened.					Date Approved MAY 08 1999					
J. L. Hampton					la din					
Signature					By By Company of the Control of the					
J. L. Hampton Sr. Staff Admin. Suprv.				SUPERVISION DISTRICT # 3						
Janaury 16, 1989	· · · · · · · · · · · · · · · ·	303-8	30-5025	''''						

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.