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Appropriate District Office
DISTRICT1
P.O. B. x 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. E	30x 2088		13				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		Sa	nta Fe,	New M	fexico 8750	04-2088					
I.					BLE AND . L AND NA						
Operator Amoco Production Company							Well API No.				
Address							3004511871				
1670 Broadway, P. O. Reason(6) for Filing (Check proper box)	Box 800	, Denve	er, C	olorac		et (Please explo	rim)				
New Well		Change in				er (r reade espai	,				
Recompletion	Oil Casinghead		Dry Gas Condens								
If change of operator give name and address of previous operator Ten	neco Oi	LE&1	P, 61	62 S.	Willow,	Englewoo	d, Colo	rado 80	0155		
II. DESCRIPTION OF WELL	AND LEA		<b>,</b>								
Lease Name FLORANCE	ling Formation (TA)		FEDE	RAL NM003380							
Location							,			2360	
Unit LetterE	_ :145	50	Feet Fre	om The <u>FN</u>	IL Line	and 1190	Fe	et From The	FWL	Line	
Section 17 Townsh	ip27N	Range8	<u>W</u>	, NMPM, S		SAN J	SAN JUAN		County		
III. DESIGNATION OF TRAN		OF OI		) NATU		<del> </del>					
Name of Authorized Transporter of Oil CONOCO	Address (Give address to which approved copy of this form is to be sent)  P. O. BOX 1429, BLOOMFIELD, NM 87413										
Name of Authorized Transporter of Casinghead Gas or Dry Gas [X]					Address (Give address to which approved copy of this form P. O. BOX 1492, EL PASO, TX 799				orm is to be see	nı)	
EL PASO NATURAL GAS COMPANY  If well produces oil or liquids,   Unit   Sec.   Twp.				Rge.	is gas actually	y connected?	EL PASO When				
give location of tanks.  If this production is commingled with that	from any other	r lease or r	nont give	Commine	ling order numb	···	I				
IV. COMPLETION DATA			~~~, <b>,</b> ,,,		·						
Designate Type of Completion	- (X)	Oit Wett	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Ulevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					l			Depth Casing Shoe			
								,			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				1	NG RECORI DEPTH SET	)	SACKS CEMENT			
	OAGING & TOBING SIZE					00, 11100,		OACKO CEMENT			
W. Telegrapher Ann province	7 5 5 5 5 5							]			
V. TEST DATA AND REQUES OIL WELL (Test must be after r				l and must	be equal to or	exceed top allo	wable for this	depth or be	for full 24 how.	s.)	
Date First New Oil Run To Tank										<u> </u>	
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Frod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
	<u> </u>										
GAS WELL Actual Prod. Test - MCF/D	/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
. ====:											
Lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMPL	JIANG	CE		UL CON	CEDV	TION	211/1010		
I hereby certify that the rules and regula Division have been complied with and it					'	OIL CON	SEHVA	ATTON I	סופועוט	N	
is true and complete to the best of my knowledge and belief.					Date Approved						
J. J. Hampton					By 3 2						
J. L. Hampton Sr. Staff Admin. Suprv.					SUPERVISION DISTRICT # S						
Finited Name Janaury 16, 1989 303-830-5025						Title					

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

Date

- 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.

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.