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Appropriate District Office
DISTRICT L
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II

## State of New Mexico Energy, Minerals and Natural Resources Department

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

## OIL CONSERVATION DIVISION P.O. Box 2088

P.O. Drawer DD, Artesia, NM 88210		Santa			xico 8750	4-2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	) ======		·				7471011				
	HEQUES				SLE AND A						
I. Operator	10	IHAN	SPURI	OIL	AND NAT	UNAL G	Weil 7	API No.			
						511873					
Address											
1670 Broadway, P. O.		)enver	, Color	ado		- (D)					
Reason(s) for Filing (Check proper box) New Well		ange in Tr	ansporter of:		_j Oute	t (Please expli	ain)				
Recompletion [ ]	Oil	Dı									
Change in Operator	Casinghead G		•	.]							
If change of operator give name and address of previous operator Te	nneco Oil I	E & P,	6162 5	3. I	Willow, H	Englewoo	d, Colo	rado 80	155		
II. DESCRIPTION OF WELL Lease Name			ool Name, In	cludii	ng Formation				ا	ase No.	
DAWSON FEDERAL		FA) BLHA	, ce / m.	) FEDE	RAL SF078480						
Location											
Unit LetterD	835	Fe	et From The	FN	Line	and 1150	Fe	et From The	FWL	Line	
	2.7N	_	QU.				SAN J	HAN		<b>c</b> .	
Section 26 Towns	hip <sup>2714</sup>	R	ange <sup>8W</sup>		, NM	IPM,	JAN J	UAN		County	
HI. DESIGNATION OF TRA Name of Authorized Transporter of Oil		OF OIL Condensate		<u>T</u> UI		address to wi	hich approved	copy of this fo	orm is 10 be se	n)	
Name of Authorized Transporter of Cas	inghead Gas	=   or	Dry Gas [2		Address (Give	address to wi	hich approved	copy of this fo	orm is 10 be se	nu)	
EL PASO NATURAL GAS C				_ 1				, TX 79978			
If well produces oil or liquids,	well produces ail or liquids, Unit Sec. Twp. Rge. Is					connected?	When				
give location of tanks.	1 1		l_								
t this production is commingled with the IV. COMPLETION DATA	<del>-</del> -,-										
Designate Type of Completio		il Well	Gas We	11	New Well   	Workover	Deepen	Plug Back	Same Resiv	Diff Res'v	
Date Spudded	Date Compl. R	cady to Pr	_		Total Depth		<b>I</b>	P.B.T.D.		_	
levations (DF, RkB, RI, GR, etc.) Name of Producing Formation					Top Oil/Gas P	ay		Tubing Depth			
Perforations				]				Depth Casin	g Shoe		
			120121					!			
LIVE COUT		CASING & TUBING SIZE				NG RECOR DEPTH SET		SACKS CEMENT			
HOLE SIZE	CASIIV					DEF IN SCI					
ir weer blek i kin berali	rer rāb ALI	OJÜ A Ö						J			
V. TEST DATA AND REQUIDED WELL Test must be after	EST FOR ALL r recovery of total s			must	he equal to or	exceed ton alli	awahle for thi	s depth or be t	or full 24 how	·s.)	
Date First New Cill Run To Tank	Date of Test				Producing Me				· /···		
Length of Test	Tubing Pressure	Juhing Pressure				re		Choke Size			
2008	Tuoning Free and	ruong ressure									
Actual Prod. During Test	tual Prod. During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
	_							J			
GAS WELL											
Actual Prod. Test - MCF/D	Length of Test	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
, ,	- Guida Dassa	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Clioke Size		
Testing Method (pitot, back pr.)	Tubing Fiessor	c (34104-14)	,		Casing Ficaso	ic (Situa-III)		Cloke Size			
VI. OPERATOR CERTIFI	CATE OF C	OMDL	LANCE		ſ			٠			
Thereby certify that the rules and reg					C	OIL CON	<b>ISERV</b>	ATION I	DIVISIO	N	
Division have been complied with an	ed that the informat	ion given a						MAV AO	1000		
is true and complete to the best of in	y knowledge and b	clicf.			Date	Approve	d	MAY 08	1984 *****		
(1 1 21.	at.					••	ユ	od	2		
Signature J. Olom	plan			-	∥ Ву			- r, De			
J. L. Hampton S	Sr. Staff A				1		SUPERV	1SION D	ISTE CT	# 3	
Printed Name Janaury 16, 1989	•		nle 0-5025		Title						
55/1601y 15, 1767		Telenby			[]						

- 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.
- with rate 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.

| Submit 5 Copies | Appropriate Instrict Office | DISTRICTT | P.O. Box 1980, Hobbs, NM | 88240

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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

DISTRICE II P.O. Drawer DD. Artesia, NM 88210

nicabita iii

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR	ALLOWAE	BLE AND A	AUTHORIZ	ZATION							
I.	TO TRANS	SPORT OIL	AND NAT	FURAL GA	AS .							
Operator			Well API No.									
Amoco Production Compa	3004511873				73							
Address												
1670 Broadway, P. O. 1	Box 800, Denver	, Colorad										
Reason(s) for Filing (Check proper box)			Othe	t (Please expla	iin)							
New Well	Change in Tra											
Recompletion	Oil Dr											
Change in Operator	Casinghead Gas Co	ndensate										
f change of operator give name ind address of previous operator. Teni	neco Oil E & P,	6162 S.	Willow,	Englewoo	d, Colo	r <u>ado 801</u>	55					
1. DESCRIPTION OF WELL		ol Name, Includi	- F					ase No.				
Lease Name	i i	-	•									
DAWSON FED.	1 <u>BA</u>	SIN (DAKO	TA)		FEDE	RAL	SEQ18	3480				
Unit Letter D	: 835 Fe	et From The FN	LLine	and 1150	Fe	et From The <u>F</u>	VL	Line				
Section 26 Township	27N Ra	nge8W	, NN	4PM,	SAN J	UAN		County				
III. DESIGNATION OF TRAN	SPORTER OF OIL.	AND NATH	RAL GAS									
Name of Authorized Transporter of Oil	or Condensate			address to wh	ich approved	copy of this form	n is to be se	nt)				
CONOCO IALE	· [-]					P. O. BOX 1429, BLOOMFIELD, NM 87413						
	me of Authorized Transporter of Casinghead Gas or Dry Gas [X]											
EL PASO NATURAL GAS CON	IPANY		P. Q. BO	X 1492.	EL PASO	TX 799	<u></u>					
If well produces oil or liquids, live location of tanks.		p. Rge.	Is gas actually connected? When ?									
If this production is commingled with that	from any other lease or pool	, give commingl	ing order numb	er:								
V. COMPLETION DATA												
Designate Type of Completion	Oit Well	Gas Well	New Well	Workover	Deepen	Plug Back   Sa	a ne Res'v	Diff Res'v				
Date Spudded	Date Compl. Ready to Pro	Total Depth			P.B.T.D.							
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Forma	Top Oil/Gas P	)ay		Tubing Depth							
Perforations						Depth Casing	Shoe					
	TUBING, CA	SING AND	CEMENTIN	NG RECOR	D	·						
HOLE SIZE				DEPTH SET		SACKS CEMENT						
							<del></del> -					
V. TEST DATA AND REQUES	 T FÖR ALLOWABI	LE	·			ــــــــــــــــــــــــــــــــــــــ						
	ecovery of total volume of le		be equal to or	exceed top allo	wable for thi	s depth or be for	Juli 24 how	rs.)				
Date First New Oil Run To Tank	Date of Test		thod (Flow, pu									
Length of Test	Tubing Pressure		Casing Pressu	re		Choke Size						
Actual Prod. During Test	Oil - Bbis.	Water - Bbls.			Gas- MCF							
	l		]			J						
GAS WELL	Transport to the second		Bbis Conden			Gravity of Cor						

Telephone No. Date INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title\_

Clioke Size

MAY 08 1989

SUPERVISION DISTRICT # 3

OIL CONSERVATION DIVISION

Date Approved \_

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

Staff Admin. Suprv.
Tute
303-830-5025

- 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.

lubing Pressure (Shut in)

Testing Method (pitot, back pr)

J. L. Hampton Printed Name Janaury 16, 1989