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

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 P.O. Box 2088

Santa Fe, New Mexico 87504-2088

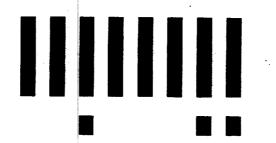
DISTRICT III 1000 Rio Brazes Rd., Aziec, NM 87410

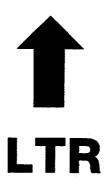
	-	
REQUEST FO	R ALLOWARI F AI	ND AUTHORIZATION

I.		TOTRA	ANSPO	ORT OIL	AND NAT	TURAL GA					
Operator							Well	API No.			
Amoco Production Compa	any						3004	520275			
1670 Broadway, P. O. 1	Box 800	, Denv	er, C	olorad	o 80201						
Reason(s) for Filing (Check proper box)					Othe	t (Please expla	iin)				
New Well		Change in		()							
Recompletion X	Oil Casinghead		Dry Gai								
and address of previous operator Teni	neco Oi.	I E &	P, 61	62 S.	Willow, I	inglewood	d, Colo	rado 80	155		
H. DESCRIPTION OF WELL	AND LEA										
Lease Name	1		1		ng Formation		L			ase No.	
STOREY LS Location	<u></u>	6	BLANC	o sour	H (PICT	CLIFFS)	FEDE	RAL	_SF07	8566	
Unit Letter H	:17	60	_ Feet Fro	om The FN	L Line	and 913	Fe	et From The	FEL	Line	
Section 27 Townshi	p 28N		Range 8	W	, NM	IPM,	SAN J	UAN		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	II. ANI	NATIII	RAL GAS						
Name of Authorized Transporter of Oil		or Conde		X)		address to wh	ich approved	copy of this f	orm is to be se	nı)	
Name of Authorized Transporter of Casing	abend Gas		or Dry (Gas X	Address /Gine	address to wh	ich approved	come of this f	arm is to he se	mt)	
EL PASO NATURAL GAS CO		LI	OI DIJ V	لما تعد	L	X 1492.				, <u>.</u> ,	
If well produces oil or liquids, give location of tanks.		Sec.	Twp.	Rge.	is gas actually		When		2219		
If this production is commingled with that	from any othe	er lease or	pool, give	e commingle	ing order numb	er:	·				
IV. COMPLETION DATA					· · · · · · · · · · · · · · · · · · ·						
Designate Type of Completion	- (X)	Oil Well	G	ias Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	l. Ready to	o Prod.		Total Depth	<u> </u>	L	P.B.T.D.	i	_L	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing F	ormation		Top Oil/Gas P	ay		Tubing Dep	ւի		
l'erforations	L				l			Depth Casing Shoe			
								<u> </u>			
	1				CEMENTIN		D				
HOLE SIZE	LAS	SING & TO	DRING 2	IZE		DEPTH SET			SACKS CEM	ENI	
V Tribor isa ria Takini isidasi iido	r eze i	117507	A DI TO		l			J			
V. TEST DATA AND REQUES OIL WELL — (Test must be ofter re				il and must	he equal to or	exceed ton allo	wable for this	denth or be i	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes		.,			thod (Flow, pw					
Length of Test	Tubing Pressure				Casing Pressur			Choke Size	·		
English Tea	Tuoing Tree	SMIC			Casting 1 resist						
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
CACWELL	J				J			1		rem returne - week	
GAS WELL Actual Procl. Test - MCF/D	Length of T	csl			Bbls. Condens	ate/MMCF		Gravity of C	ondensate		
	201821 01 1121										
Testing Method (pitot, back pr.)	Tubing Pres	ssure (Shul	l·in)	-	Casing Pressur	re (Shut-in)		Choke Size	· 	•	
VI. OPERATOR CERTIFIC	ATE OF	COMI	LIAN	CE	1		0551		D.V. (1.0.1.0		
I hereby certify that the rules and regula	tions of the	Oil Conser	valion		C	IL CON	SERV	NOLL	DIVISIO	N	
Division have been complied with and to is true and complete to the best of my k			en above		1		R4	AV an a			
					Date	Approved	<u></u>	AY 08 1	000		
J. J. Ham	Don					•	3	d			
Signature	0, 5-				∥ By	Q 1	IDPD#*	·	-√		
J. L. Hampton Sr Printed Name	Staff	_Admir	1. Sur Title	orv.	Title_	3.	orek a I S	TON DIS	TRICT#	3	
Janaury 16, 1989	303-830-5025										
Date		Tele	phone No).	II.						

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.







Job separation sheet

Submit 5 Cupies
Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

					VID VIV			HON			
Operator		IO IH/	NIVOP	ON I OIL	AND NA	ONAL	GNO	Well A	PI No.	 	
AMOCO PRODUCTION COMPA	NY							1	0452027	5	
Address P.O. BOX 800, DENVER,	COLORAI	00 8020)1		_						
Reason(s) for Filing (Check proper box)					Oth	es (l'Isass e	xplain)				
New Well		Change in						•			
Recompletion	Oil	<u>ال</u>	Dry G								
Change in Operator	Casinghea	d Gas	Conde	ILLIE LY							
f change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	KIND LIG	Well No.	Pool N	ame, Include	ng Formation			Kind o	Lease	Le	ase No.
STOREY LS		6			UTH (PI	CT CLI	FS)	FE	DERAL	SF0	78566
Location			·								
Unit Letter	. :	1760	Feet F	rom The	FNL Lin	e and	91:	3 Fe	et From The .	FEL	Line
Section 27 Township	, 28	3N	Range	8W	, N	мрм,		SA	N JUAN		County
III. DESIGNATION OF TRAN	SPORTE	R OF O	II. AN	D NATI	RAL GAS						
Name of Authorized Transporter of Oil	CI ONTE	or Coade			Address (Gi	e address to	which	approved	copy of this f	orm is so be se	ni)
MERIDIAN OIL INC.	ш			<u> </u>						NGTON, N	
Name of Authorized Transporter of Casing			or Dry	Gas						orm is to be se	ni)
EL PASO NATURAL GAS C						BOX 149		_,		79978	
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.	Rge.	is gas actuali	y connected		When	7		
If this production is commingled with that	from any oth	her lease or	pool, gi	ve comming!	ing order num	ber:				<u> </u>	
IV. COMPLETION DATA		_,			, 					10 0 1	Aver n
Designate Type of Completion	- (X)	Oil Wel	۱ <u> </u> 	Gas Well	New Well	Workove		Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth		
Perforations	L				Depth Casing Slice						
					CE1 (C1 ::=	NO BEO	OBC		<u> </u>		· -
					CEMENT					SACKS CEIT	FNT
HOLE SIZE	CA	SING & T	UBING	SIZE	DEPTH SET				SACKS CEMENT		
	 				 				 -		
West Difficulting	T FOR	A 1 1 0 11	ADI E		<u> </u>				.l		
V. TEST DATA AND REQUES OIL WELL (Test must be after t	SI FOK	ALLUW aral value	AULE of load	oil and muss	t be equal to a	r exceed too	allow	ble for the	s depth or be	for full 24 hou	us.)
OIL WELL (Test must be after r Date First New Oil Rua To Tank	Date of To		,		Producing N	lethod (Flor	v, рипу	, gas lift,	rtc.)		
							R .	10 5	<u> </u>		
Length of Test	Tubing Pr	PILERE			Casing to	The state of	15 (# 6	Cricke Size	:	
Actual Prod. During Test	Oil - Bbls	,			Water - Bol	FEB	25	1991	GAL MCF		
CACAMELI	J)II C		DI\			
GAS WELL Actual Proof Test - MCI/D	Length of	Test			Bbls. Conde	neate/MMC	er er	_		Condensate	
Comments & Course & State State Color	_				/ 0/8/1. 3						
l'esting Method (pitot, back pr.)	Tubing P	ressure (SI)	mi-m)		Casing Pressure (Shut-in)				Choke Size	:	
VI. OPERATOR CERTIFIC	'ATE ()	F COM	PLJA	NCE	1	<u> </u>			ATION:	DIV (IC)	ON.
I hereby certify that the rules and regu	lations of th	e Oil Cons	crvation			OILC	ONS	SERV	AHON	DIVISIO	 אכ
Division have been complied with and that the information given above is true and copaplete to the best of my knowledge and belief.					FEB 2 5 1991						
is the aim complete to the ocal of my					Dal	e Appro	oved	_			-
W. Uhley					Ву			3		They	
Signature Doug W. Whaley, Staf	f Admir	ı. Supe	rvis Tide	or	T;al	^		SUPE	AVISOR	DISTRICT	f #3
February 8, 1991			-830-		Title	d					
Date		10	lephone	I¥G.	11						

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