Submit 5 Copies
Appropriate District Office
DISTRICT1
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aztec, NM 87410) REQUEST	FOR ALLOWAR	BLE AND AUTHORIZ	ATION				
l.			AND NATURAL GA	S	DI KIS			
Operator Amoco Production Com		Well API No. 3004520447						
Address	5 7.— 	<u> </u>	00001					
1670 Broadway, P. O. Reason(s) for Filing (Check proper box)		nver, Colorad	Other (Please expla	in)				
New Well		e in Transporter of:	J , ,	·				
Recompletion		Dry Gas L.						
Change in Operator X		Condensate		1 0.1				
and address of previous operator	nneco Uil E	& P, 6162 S.	Willow, Englewood	a, color	'ago 801	23		
	DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including				Lease No.			
Lease Name RIDDLE F LS			H (PICT CLIFFS)					
Location P	1180	FS	L Line and 1040	Ca.	et From TheF	EL	Line	
Unit Letter				CAN THAN				
Section 45 Towns	ship 2014	Range ^{8W}	, NMPM,	JAN 3)/III		County	
III. DESIGNATION OF TRA		OIL AND NATU	RAL GAS Address (Give address to wh	ich approved	copy of this for	n is to be sen	u)	
(ST			Address (Give address to which approved copy of this form is to be sent)					
	of Authorized Transporter of Casinghead Gas or Dry Gas X PASO NATURAL GAS COMPANY			P. O. BOX 1492, EL PASO		, TX 79978		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected?	When	7			
If this production is commingled with th IV. COMPLETION DATA	at from any other lease	or pool, give comming	ling order number:					
IV. COMPLETION DATA	loit v	Vell Gas Well	New Well Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completic			I TOTAL BASE L	L			L	
Date Spudded	Date Compl. Read	ly to Prod.	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		g Formation	Top Oil/Gas Pay		Tubing Depth			
Perforations			1		Depth Casing	Shoe		
			CEMENTANC DECOR	<u> </u>	<u> </u>			
TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
note size								
						· ·		
					J			
V, TEST DATA AND REQU	EST FÖR ÄLLO	WABLE		amabla for thi	donth or he for	r full 24 hour	e 1	
OIL WELL Test must be after Date First New Oil Run To Tank	Date of Test	une of load oil and mus	the equal to or exceed top allo Producing Method (Flow, pu	emp, gas lift, e	ic.)	, Jan 24 110a	3.7	
			Casing Pressure		Choke Size			
Length of Test	Tubing Pressure		Casing Pressure					
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF			
GAS WELL	l		.1		4			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
Testing Method (pilot, back pr.)	Jubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIF	.	MPLIANCE	OIL CON	ICEDY	ATION 5	11/10/0	\NI	
Thereby certify that the rules and re Division have been complied with a	gulations of the Oil Co	nscrvation	OIL CON	NOEHV	ATIONL	NVISIC	/IN	
is true and complete to the best of r			Date Approve	d				
1 1 2/	noton			. –				
Signature J. Olow	my con		By					
J. L. Hampton	Sr. Staff Ad	Title	Title					
Janaury 16, 1989	30	3-830-5025 Telephone No.	100					

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.

 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 filled for each pool in multiply completed wells.