Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

P.O. Drawer DD, Artesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088							
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	DEQUE.		NEAND AUTHORS	7471011				
1.			BLE AND AUTHORIZ AND MATURAL GIA					
I. TO TRANSPORT OIL AND NATURAL GAS [Operator Web]								
Amoco Production Company					3004520455			
Address								
1670 Broadway, P. O.	Box 800, 1	Denver, Colorad		 				
Reason(s) for Filing (Check proper box) New Well	Ch.	ange in Transporter of:	Other (Please expla	un)				
Recompletion	Oil	Dry Gas						
Change in Operator	Casinghead G	as Condensate						
If change of operator give name and address of previous operator Tenn	neco Oil I	E & P, 6162 S.	Willow, Englewood	d, Color	ado <u>8015</u>	5		
IL DESCRIPTION OF WELL	AND LEASE	₹.						
and the second control of the second control		Well No. Pool Name, Including Formation				Lease No.		
MCCULLEY LS	6	AZTEC (PICT	URED CLIFFS)	FEDER	FEDERAL		NM0042080	
Location						,		
Unit Letter RH	1460	Feet From The FN	L Line and 800	Fe:	From The FE	<u>.L</u>	Line	
Section 15 Townshi	28 p 29 N	Range9W	, NMPM,	SAN JUAN		County		
THE INCOMES CREAM ASS TO A SE	CDANDTED A	NE CHI AND NATU	DAT CAC					
III. DESIGNATION OF TRAN Nat se of Authorized Transporter of Oil			Address (Give address to wh	ich approved e	opy of this form	is to be sen	u)	
C57	LJ	Condensate	,	••	., .		•	
Name of Authorized Transporter of Casing	ghead Gas	or Dry Gas [X]	Address (Give address to wh	ich approved o	opy of this form	is to be sen	u)	
EL PASO NATURAL GAS CON	1PANY		P. O. BOX 1492,	EL PASO,	TX 7997	8		
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 that IV. COMPLETION DATA	from any other le	ase or pool, give commingl	ing order number:					
IT, COMEDITION DATA	lo	il Well Gas Well	New Well Workover	Deepen	Plug Back San	ne Resiv	Diff Res'v	
Designate Type of Completion		1		:5ccpcii 		inc inco v		
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
			Top Oil/Gas Pay					
Elevations (DF, RKB, RT, GR, etc.)	cing Formation	imation Top Ot/Cas ray		Tubing Depth				
Perforations			L	Depth Casing Shoe				
· · · · · · · · · · · · · · · ·		DIG OLGING IND	GENERAL DECOM					
TUBING, CASING AND O			DEPTH SET		SACKS CEMENT			
HOLE SIZE	HOLE SIZE CASING & TOBING SIZE			Der III Sei		SACKS CEMENT		
V. TEST DATA AND REQUES								
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	olume of load oil and must	be equal to or exceed top allo Producing Method (Flow, pu			ul 24 hours	5.)	
Committee of the North To Lank	LANC OF TEM		The state of the s	T. 0 191, E.				
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF			

Systeme J. J. Hampton Sr. Staff
Janaury 16, 1989 Telephone No.

Length of Test

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I. OPERATOR CERTIFICATE OF COINTERAIN

Thereby 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.

Tubing Pressure (Shut in)

GAS WELL

Actual Prod. Test - MCF/D

lesting Method (pitot, back pr.)

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.

Title_

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

Date Approved __.

Choke Size

MAY 08 1999

SUPERVISION DISTRICT # \$

OIL CONSERVATION DIVISION

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

Sr. Staff Admin. Suprv. Title 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) Separare Form C-104 must be filed for each pool in multiply completed wells.