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Appropriate District Office
DISTRICT 1
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 OIL CONSERVATION DIVISION

P.O. Drawer DD, Artesia, NM 88210)	a . c		ox 2088	2000		/			
DISTRICT III		Santa Fe	, New Mo	exico 87504-	2088					
000 Rio Brazos Rd., Aztec, NM 87	410 REQUEST	FOR AL	LOWAE	BLE AND AU	THORIZ	ZATION				
•				AND NATU						
perator						Well API No.				
Amoco Production Co	3004523476									
Address										
1670 Broadway, P. (nver, (olorad			· . · · · · · · ·				
Reason(s) for l'iling (Check proper b		T	A 46	U Other (/	lease expla	un)				
New Well Recompletion	Chang Oil	ge in Transpo Dry Ga								
Recompletion [2] Change in Operator [3]	Casinghead Gas		· ,—,							
f change of operator give name -	Tenneco Oil E	& P 61	62 S 1	Willow En	elewoo.	d Color	rado 80	1155		
and address of previous of closes		α 1 , 0 .	02 0.	#1110W, 1311	RICWOO	u, coro	auo ou	(13)		
II. DESCRIPTION OF WE								· ;-		
Lease Name Well No. Pool Name, Includ GOOCH 3 BASIN (DAKO									ease No.	
GOOCH	P	PASIN	(DAKO	IA)		t EDEI	ML) SEVO	7112	
Location B	990		FN	L Line an	. 1850	_	et From The	FEL.		
Unit Letter	:	Feet Fr	om The '	Line an	1 1000	Fe	et From The		Line	
Section 32 Tor	waship28N	Range	W	, NMPI	۸,	SAN JU	JAN		County	
II. DESIGNATION OF TI	RANSPORTER OF	OIL AN	D NATU	RAL GAS						
Name of Authorized Transporter of C		ndensate	K	Address (Give ac	dress to wh	ich approved	copy of this f	orm is to be se	ni)	
CONOCO				. O. BOX						
Name of Authorized Transporter of		or Dry	Gas X	Address (Give ad					nt)	
EL PASO NATURAL GAS			-, <u>-</u> -	O. BOX				1978		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. 	Rge.	is gas actually co	nnected?	When	7 			
I this production is commingled with	that from any other leas	e or pool, giv	e commingl	ing order number:						
IV. COMPLETION DATA	10:			1 37 37 1 3		D	Dive Deels	Icama Baa'u	Diff Res'v	
Designate Type of Comple	ion - (X)	wen j	Gas Well	New Well W	orkover	Deepen	Plug Mack	Same Res'v	I Kesv	
Date Spudded	Date Compl. Rea	dy to Prod.		Total Depth		L	P.B.T.D.	.1		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations .							Depth Casin	ig Shoe		
·				on the man	DECOR.	<u> </u>	<u> </u>			
		TUBING, CASING AND			1			CACKS CENERIT		
HOLE SIZE	CASING	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
							l			
	· · · · · · · · · · · · · · · · · · ·									
V. TEST DATA AND REQ	UEST FOR ALLO	WABLE		I			d			
OIL WELL (Test must be a	ifter recovery of total vol	wne of load						for full 24 hou	rs.)	
Date First New Oal Run To Tank	Date of Test			Producing Metho	d (Flow, pu	mp, gas lift, e	tc.)			
							Choke Size			
Length of Test	of Test Tubing Pressure			Casing Pressure			Choke Size			
A suit But Dance Test	OI INT						Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.						
				l			1			
GAS WELL				1665705 1515	A MERCE		Television	Tondanesia		
Actual Prod. Test - MCF/D Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
CHECKEN CONTRACTOR	Tubing Pressure (Shut-in)		Casing Pressure	Shut-in)		Choke Size			
esting Method (pitot, back pr.)	Tuoning Freshole i									
W ODED LEON OFFI	LICATE OF CO		ICE	\r			1			
VI. OPERATOR CERTI			ICE		CON	ISERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above							MAY 08 1999			
is true and complete to the best of				Data A	nnrava	d	MAT U	0 land		
111				Date A	phiove	<u> </u>		1 /	,	
4. 7. Ha	moton			_D		سَده -	ルハモ	shang		
Signature				By		SUPER	VISION	DISTRIC	T#3	
J. L. Hampton	Sr. Staff Ad	min Su Tale	prv.	T:41-						
Janaury 16, 1989	30	3-830-5	025	Title_						
Date		Telephone N	ko.	П						

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.