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

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

Furm 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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FO	OR ALLOWAE	ILE AND AUTHORIZ	ATION				
I. TO TRANSPORT OIL AND NATURAL GAS					Well API No.			
Operator AMOCO PRODUCTION COMPANY					Well API No.			
Address P.O. BOX 800, DENVER, COLORADO 80201					3004523704			
Reason(s) for Filing (Check proper box)	,0201420 0020		X Other (Please explain	•)				
New Well		Transporter of:	NAME CHANGE	- 6	all LS	12A		
Recompletion	Oil U	Dry Gas  Condensate	NAME CHANGE	- 1/033	ен ~ч			
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WELL	AND LEASE	15		Kind of	Larra	Lease No.		
Lease Name RUSSELL /A/	Well No.   Pool Name, Includin				ERAT. NMO13860A		- 1	
Location   RUSSELL   RI	1 28	I DERIVED (II	LOAVERDET			·		
Unit LetterC	:1110	Feet From The	FNL Line and 18	50 Fee	From The	FWL	Line	
Section 25 Township	28N	Range 8W	, NMPM,	SAN	.JUAN	Cour	nty	
III. DESIGNATION OF TRANS	SPORTER OF O	IL AND NATU	RAL GAS	ch approved	ony of this form	is to be sent)		
Name of Additionates President of the				we address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casing		or Dry Gas	Address (Give address to white	ch approved o	opy of this form	is to be sent)		
EL PASO NATURAL GAS CO	MPANY	,,	P.O. BOX 1492	EL PASO		78		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.   Rge.	is gas actually connected?	) when				
If this production is commingled with that I	from any other lease or	pool, give comming	ling order number:					
IV. COMPLETION DATA					le	me Res'v Diff I	Park	
Designate Type of Completion	Oil Well	I Gas Well	New Well   Workover	Deepen	Plug Back  Sa	IME KELV   IAII I	Ves v	
Date Spudded	Date Compl. Ready I	o Prod.	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
	<u></u> _				Depth Casing Shoe			
Perforations								
	TUBING, CASING AND				SACKS CEMENT			
HOLE SIZE	CASING & T	UBING SIZE	DEPTH SET		SA.	CKS CEMENT		
	<del> </del>							
- NE SPOUN	T COD ALLOW	ADIE	<u></u>		J			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	51 FOR ALLUM recovery of total volume	MDLE. e of load oil and mus	i be equal to or exceed top allo	wable for this	depth or be for	full 24 hours.)		
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pu	mp, gas lýt, e	ıc.)			
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		-	
	Oil Bhi		Water - Bbls.		Gas-MCF			
Actual Prod. During Test	Oil - Bbls.				<u> </u>	T 8 0 138 U		
GAS WELL			Bbla. Condensate/MMCF		TGravity of Co	odentauk	!	
Actual Prod. Test - MCF/D	Length of Test		Hola. Condensate/MMCr		Chavily Cr Co			
Testing Method (pitot, back pr.)	Tubing Pressure (Sh	ut·in)	Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	CATE OF COM	PLIANCE	011 001	ISERV	ATION F	NVISION		
I hereby certify that the rules and regulations of the Oil Conservation			OIL CON	OIL CONSERVATION DIVISION				
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approve	Date ApprovedOCT 2 9 1990				
NU Ille		3 N d						
Signature W. Whaley, Staff Admin. Supervisor			Ву	By SUPERVISOR DISTRICT #3				
Printed Name October 22, 1990	303	Tide -830-4280	Title					
Date	1	clephone No.			<u>.</u>		المراجع المراجع	

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.

