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Appropriate District Office
LHSTRICT1
F.O. Box 1980, Hobbs, NM 88240

Operator

State of New Mexico Energy, Minerals and Natural Resources Department

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

Well API No.

OIL CONSERVATION DIVISION

P.O. Box 2088

FISTRICT III 1300 Rio Brazos Rd., Aztec, NM 87410

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

Sania re, New Mexico 8/504-2088	
REQUEST FOR ALLOWABLE AND AUTHORIZ	ZATION
TO TRANSPORT OF AND MATURAL OF	

AMOCO PRODUCTION COMP.	ANY						30)045237 <i>6</i>	8	
P.O. BOX 800, DENVER,	COLOR	ADO ROS	0.1							
Reason(s) for Filing (Check proper bax)	COLOR	ADO 802	.01		Oth	es (l'lease expl	nin l			
New Well		Change	in Transpo	orter of:						
Recompletion	Oil	~ ~	Dry Ga	·						
Change in Operator	Casingh	ncad Gas	Conden	issie 🖳						
If change of operator give name and address of previous operator						-				
II. DESCRIPTION OF WELL	ANDI	FACE								
JONES A LS	AND L	Well No.	Pool N	ame, includ	ing Formation		Kind	of Lesse	ī	ease No.
JONES A LS		14	BLANCO (PICT CLIF			FS)	FEDERAL			78390
Location		1020			ECI					
Unit Letter	_ :	1020	_ Feet Fr	om The	The FSL Line and		20 F	et From The	FWL	Line
Section Townsh	. 2-	8N	Range	8W	NI	мрм.	SA	N JUAN		County
	·		31211,60		11.5	-11 1-14				COOLLY
III. DESIGNATION OF TRAN	SPORT	ER OF Cook		D NATU				4	6 is 45 Fe T	
Nume of Authorized Transporter of Oil NERTDIAN OIL INC.		UI COMO	:1) :24.6		Address (Give address to which approved 3535 EAST 30TH STREET					
Name of Authorized Transporter of Casin EL PASO NATURAL GAS CO	ghead Gas		or Dry	Gas 🖂	Address (Gin	e address so wh	ich approved	copy of this	form is to be si	
ļ		-,				OX 1492,			79978	
if well produces oil or liquids, give location of tanks.	Uaut	Soc.	Twp	Rge.	is gas actually	y connected?	When	7		
If this production is commingled with that	from any o	other lease of	r pool, giv	e comming	ing order numl	ber;	1			
IV. COMPLETION DATA					•					
Designate Type of Conv. letion	(Y)	Oil Wel	11 C	ias Well	New Well	Workover	Deepca	Plug Back	Same Res'v	Diff Resv
Designate Type of Completion Date Spudded		mpl. Ready I	o Pend		Total Depth	L	Ĺ <u> </u>	1,000	J	ᆚ
Trace Spinison	Dane Car	inpi. Keady i	O I IOL		1000			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations										
. Cucumione								Depth Cau	na 2110e	
		TUBING	. CASIN	IG AND	CEMEN'TII	NG RECOR	D			
HOLE SIZE	C	ASING & T				DEPTH SET		SACKS CEMENT		
					ļ			<u> </u>		
	 							 		
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE		l			J		
OIL WELL (Test must be after t				il and must	be equal to or	exceed top allo	wable for the	s depth or be	for full 24 hou	vs.)
I tale First New Oil Run To Tank	Date of T	est			Producing Me	thod (Flow, pu	np, gas lýt, e	uc.)		
Length of Test	Tubing 0				Casing Pressure			Choke Size		
realitation tear	Tubing P	TESSUIC			Casing incas	42 (2 70 31		1		
Actual Prod. During Test	Oil - Bbi	E.			Water - Bhis	EB251	991	Gas- MCF		
	J					~~~				
GAS WELL						. ~~.]		
Actual Prod. Test - MCF/D	Leagth of Test				Bbls. Condensate/ PACT. 3			Gravity of Condensate		
i ssling Method (puot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
	- Colored Colo									
VI. OPERATOR CERTIFIC	ATE O	F COMI	PLIAN	CE					50.000	
I hereby certify that the rules and regul	lations of th	e Oil Consc	rvation		(DIL CON	SERV	AHON	DIVISIO	M
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				FED 9 7 4004						
is true and complete to the ten or my anowiedge and tener.				Date Approved FEB 2 5 1991						
D.H. Iller					_		_	_1	,	
Surnature Doug W. Whaley, Staff Admin. Supervisor				By						
Boug W. Whaley, Staff Admin. Supervisor Punted Name Title				Title	5	SUPERVI	SOR DIS	THICT #	3	
February 8, 1991			830-43		Title.					
Date		Tel	ophone No).	11					

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.