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

## Energy, Minerals and Natural Resources Department

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

DISTRICT II P.O. Drawer DD, Antesia, 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 FOR ALLOWABLE AND AUTHORIZATION

I	•	TO TRA	NSP	ORT OIL	AND NA	FURAL GA	<u>4S</u>	- NT		<del></del> -	
Operator AMOCO PRODUCTION COMPANY								Well API No. 300452385200			
Address P.O. BOX 800, DENVER,	COLORAD	0 8020	1								
Reason(s) for Filing (Check proper box)					Othe	A (Please expla	ain)				
New Well		Change in								1	
Recompletion L_	Oil Casinghea		Dry Ga Conde								
Change in Operator	Cashgrida	. 02		<u></u>					<del></del>		
and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA		Dool N	lama Inchidi	ng Formation		Kind	of Lease	le le	ase No.	
JUNES A LS		Well No.				PRORATEI		_	-		
Location I Unit Letter	.:1	690	. Feat F	rom The	FSL Lin	10	)80 Fe	et From The _	FEL	Line	
14	28N	Ī	Range	8W	NI	мрм,	SAN	JUAN		County	
Section Township	·		Kange			*******					
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS		A / - A	Lanny of this (	is to be se		
Name of Authorized Transporter of Oil	· []					Address (Give outs ers to which approved copy of this form is to be sent)					
1ERIDIAN OII. INC.  anne of Authorized Transporter of Casinghead Gas or Dry Gas					3535 EAST 30TH STREET, FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS CON					1			PASO, TX 79978			
If well produces oil or liquids,	Unit	Sec.	Twp	Rge.					n ?		
give location of tanks.	<b> </b>	l_ <u>.                                    </u>	l	J	<u> </u>						
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, gi	ve comming	ing order num	DEI:					
IV. CONFLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i		j	İ	1	<b>I</b> ,	l		
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casis	g Shoe		
		TIRING	CAS	NG AND	CEMENTI	NG RECO	ND CIS				
HOLE SIZE		SING & TI				DEPTH SET		AFI	SUKEE	NT.	
							(O) E	16 E I			
	ļ				<del> </del>		<del>IM</del>	<del> </del>	U	U	
							<del></del> -	\ <del>UG2 3 1</del>	990		
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE	<u> </u>	l		(A)	CON	DIV.		
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ecovery of 1	otal volume	of load	oil and mus	be equal to o	exceed top al	lowable M	s depth or be	for Juli 24 hou	<i>rs.</i> )	
Date First New Oil Run To Tank	Date of To	st			Producing M	lethod (Flow, p	жтр, gas III.	ac.)DISI.	•		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Langua IV											
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	1										
Actual Prod. Test - MCT/D	Length of	Test			Bbls. Conde	nealc/MMCF		Gravity of	Condensate		
	TO COMPANY AND A STATE OF THE S				Casing Pressure (Shul-in)			Choke Size		<del></del>	
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Field						
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION						
I hereby 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.					Date	Date Approved AUG 2 3 1990					
NU Meles											
Signature Uoug W. Whaley, Staff Admin. Supervisor					∥ By_	SUPERVISOR DISTRICT #3					
Printed Name Title					Title	ə	SUPER	AISOH DI	SINICI	7 3	
July 5, 1990			830=	4280	II .						
Date											

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.

Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.