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

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

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. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brains Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSF	ORT OIL	AND NA	TURAL GA	<u>IS</u>	. 3.1			
Perator Amoco Production Company					Well API No. 3004525185						
Address 1670 Broadway, P. O. E		Denv	or	Colorad	o 80201						
Reason(s) for I sling (Check proper box) New Well Recon pletion Change in Operator	Oil	Change in	Transj Dry C	oorter of:		ct (Please expla	in)				
f change of operator give name Tenr	eco Oi	1 E & 1	Ρ, 6	162 S.	Willow,	Englewoo	d, Colo	rado 80	0155		
I. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including							CERT	Lease No. FEDERAL NM012200			
Location	· · · - - · ·	1E 1	рнот	N (DAKO			t ede	KAL	MAIOT	2200	
Unit Letter P		5	Feet 1	From The FS	Ľ Lin	e and 1110	Fe	et From The	FEL	Line	
Section 21 Township	,28N		Range	.8W	, N	мрм,	SAN J	UAN		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	L A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil [] or Condensate 😿 🗆					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 256, FARMINGTON, NM 87499						
Jame of Authorized Transporter of Casinghead Cas or Dry Gas X					Address (Giv		ich approved	copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.				нев ?			
If this production is commingled with that f	rom any oth	er lease or	pool, g	ive commingl	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth	l	L	P.B.T.D.	l		
Elevations (DF, RKB, RT, GR, etc.)	R, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	L					 		Depth Casi	ng Shoe		
		TUDING	CAS	INC. AND	CEMENTI	NC BECOR	n .	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
		-									
V, TEST DATA AÑD REQUES OIL WELL — (Test must be after re					he equal to or	exceed top allo	wahle for thi	s douth or be	for full 24 hou	 urs.)	
Date First New Oil Run To Tank	Date of Te		oj rode	OII GAG MIGH		ethod (Flow, pu			<u> </u>		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Hols.			Gas- MCF			
GAS WELL	i				J						
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
Esting Method (puot, back pr.)	Tubing Pressure (Shut in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC Thereby certify that the rules and regula Division have been complied with and t	ations of the	Oil Conser	vation			OIL CON	ISERV	ATION	DIVISIO)N	
is true and complete to the best of my knowledge and belief.					Date	Approve	d	MAY 08	1999		
J. J. Hampton					By_	· ·	3.	() B	2		
Syndium J. L. Hampton Sr. Staff Admin Suprv Finited Name Janaury 16, 1989 303-830-5025					Title		SUPERV	ISION D	ISTRICT	#3	
Date			phone								

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.