Submit 5 Copies
Appropriate District Office DISTRICT I 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

DISTRICT II P.O. Drawer DD, Artesia, NM 8821	P.O.Box 2088								
DISTRICT III		Santa Fe, New	Mexico 87	504-2088					
1000 Rio Brazos Rd., Aztec, NM 87	REQUEST	FOR ALLOWATERANSPORT OF							
Operator	TOTAL GA	Well API No.							
AMOCO PRODUCTION COMPANY			Mike Curry			3004525315			
ddress . O. Box 800 Denver			CO Other (Please explain)			80201			
Reason(s) for Filing (Check proper box) New Well	Change ir	Transporter of:		r (Please explo	ain)				
Recompletion X	Oil	Dry Gas							
Change in Operator	Casinghead Gas	Condensate							
f change of operator give name nd address of previous operator									
II. DESCRIPTION OF WELL		· · · · · · · · · · · · · · · · · · ·			1 1	<u></u>			
ease Name Well N Jackson #3		1		Kind o State,	Kind of Lease State, Federal or Fee Federal NM-04202		i		
Jackson		Basin Fruitland Coal		<u>-</u> .l	Federal NM-042		04202		
Unit Letter	1430'	Feet From The N	ORTH Line	and11	40' Fe	et From The	East	Line	
Section 10 Township	28N	Range 9W	,NM	PM,	 	San Jua	ın	County	
III. DESIGNATION OF TRAN	SPORTED OF C	III. AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	or Condensa			address to wh	nich approved	l copy of this	form is to be se	ent)	
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)								
Peso Natural Gas			P O. Box 4990, Farmington, NM 87499 Is gas actually connected? When?						
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	is gas acman	connected?	When?	•			
If this production is commingled with tha	t from any other lease	or pool, give comm	ingling order n	umber:	I				
IV. COMPLETION DATA					,				
Designate Type of Completion	Oil We	:	New Well	Workover	Deepen		Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		<u> </u>	P.B.T.D.			
09-17-93				6925'			5910- 4725		
evations (DF,RKB,RT,GR,etc.) Name of Producing Formation 6934 KB (602261 Fruitland Coal			Top Oil/Gas Pay 2170'			Tubing Depth 2330'			
	J		<u> </u>	2170		Depth Casin			
Perforations	2348						0		
	1001110	, CASING AND	CEMENT						
HOLE SIZE	CASING &	DEPTH SET			SACKS CEMENT 364 CF CL B + 2% CACL				
12.250 8.750	7*		310' KB 5051' KB			9 > C 208 CF CL B,			
	2 3/8*	2330¹ KB			363) / fail W/ 177 CF CI B				
	4 1/2" Liiner	1/2" Liiner		6923' KB			(2)0		
V. TEST DATA AND REQUE									
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	ne of load oil and mu		ethod (Flow, p			har for all to h	W S	
Length of Test	Tubing Pressure	Casing Pressure			Chold 93 MAR1 7 1993				
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			Gas - MCELL CON. DIV.				
GAS WELL			1			1	DIST.		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conder	sate/MMCF	·····	Gravity of	Condensate	····	
57	24	0					,		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
Flowing	<u> </u>	40		160		1	64/64		
VI. OPERATOR CERTIFICAT				אוו רטע	ICED\/	A TION	DIVISIO	NI	
I hereby certify that the rules and Conservation Division have been	_			JIL COIN				VIV	
information given above is true ar	•		Date	Approv	ed l	APR 17	1993		
Wit C				Applov			1 -		
Signature My	<u> </u>	·	By_		3	い. 日	hand		
Mike Curry Business Analyst			SUPERVISOR DISTRICT #3						
Printed Name 12 Mar 1993) 830-4075	Title						
Date	Telo	phone No.			-				

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

Telephone No.

4) changes.