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 P.O. Box 2088

DISTRICT II P.O. Drawer DD, Anesia, NM 88210		P.O. Box	2088 Geo 87504-2088	•				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALL	_OWABL	E AND AUTHORIZ	_				
I. TO TRANSPORT OIL AND NATURAL G					Well API No.			
Amoco Production Compa		3004525585						
1670 Broadway, P. O. I	Box 800, Denver, Co	lorado	80201	 				
Reason(6) for Filing (Check proper box) New Well	Change in Transporte	er of:	Other (Please explain	1)				
Recompletion Change in Operator	Oil Dry Gas Casinghead Gas Condensal							
If all and a first and a single	neco Oil E & P, 616		illow, Englewood	, Color	ado 801	55		
II. DESCRIPTION OF WELL								
Lease Name MXXXXXXXX FLORANCE	Well No. Pool Nam 66E BASIN		FEDER	AL	NM003	ase No. 3380		
Location Unit Letter B	,	n The FNL			t From The		Line	
Section 18 Townshi			, NMPM,	SAN JU			County	
III. DESIGNATION OF TRAN	SPORTER OF OIL AND	NATUR	AL GAS					
Name of Authorized Transporter of Oil CONOCO	or Condentate	77 /	Address (Give address to which				nt)	
				O. BOX 1429, BLOOMFIELD, NM 87413 ddress (Give address to which approved copy of this form is to be sent)				
EL PASO NATURAL GAS CON			. O. BOX 1492, E			78		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp.	Rge. [s gas actually connected?	When	7			
If this production is commingled with that	from any other lease or pool, give	comminglin	g order number:					
IV. COMPLETION DATA	Oil Well Gar	s Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		j,	Total Depth	i	1		<u> </u>	
Date Spudded	Date Compl. Ready to Prod.	1	том рерп		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		7	Top Oil/Gas Pay		Tubing Depth			
Perforations	L	L			Depth Casing	Shoe		
	TURING CASING	G AND C	EMENTING RECORD	·				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL Test must be after r.	ST FOR ALLOWABLE ecovery of total volume of load cil	l and must be	e equal to or exceed top allow	able for this	depth or be fo	r full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pur					
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod During Test	Oil - Bbls.	·	Vater - Bbls.		Gas- MCF			
GAS WELL								
Actual Prod. Test - MCF/D	Length of Test	I	Bbls. Condensate/MMCF		Gravity of Co	ndensate	• • • • • • • • • • • • • • • • • • • •	
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		asing Pressure (Shut-in)		Clioke Size			
VI. OPERATOR CERTIFIC Thereby certify that the rules and regulation have been complied with and	ations of the Oil Conservation	CE	OIL CON	SERVA	TION E	IVISIC)N	
is true and complete to the best of my knowledge and belief.			Date Approved	<u> </u>	AY 08 1	<u> </u>		
J. L. Hampton			By But Charles					
Signature J. L. Hampton Sr		rv.	Ly	SUPERVI	SIONDE	HICT A	<u> </u>	
Printed Name Janaury 16, 1989	Title " 303-830-502	- 11	Title					
Date	Telephone 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.
- 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.