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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, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQ	UEST F	OR A	LLOWA	BLE AND AUTHOF	RIZATION				
I.		TO TRA	ANSF	ORTO	IL AND NATURAL (7.54 FE.			
Operator Amoco Production Comp		Well API No. 3004525680								
Address 1670 Broadway, P. O. Box 800, Denver, Colorad						5004	323060			
Reason(s) for Filing (Check proper box)	Box 800), Denv	er,	Colora		1.1				
New Well		Change in	Transp	orter of:	Other (Please ex	рівіп)				
Recompletion	Oil		Dry G	as 🗍						
Change in Operator (X) I change of operator give name Tons		ad Gas								
nd address of previous operator Ten	neco Oi	1 E &	P, 6	162 S.	Willow, Englewo	od, Colo	rado 801	55		
I. DESCRIPTION OF WELL	AND LE		1=			··		· · · · · ·		
Lease Name PRICE	Well No. Pool Name, Includi 4E BASIN (DAKO)				-	I			ease No.	
Location		<u> </u>	P NO1	ii (DAK	018)	t ede	KAL	SF078	3390	
Unit Letter I	: 15	20	Feet F	rom The $^{ m F}$	SL Line and 880	Fe	et From The F	EL	Line	
Section 14 Townshi	p28N		Range	8W	, NMPM,	SAN J	UAN		County	
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	ID NATI						
Name of Authorized Transporter of Oil or Condensate					Address (Give address to				nt)	
	IANT REFINING 657 ame of Authorized Transporter of Casinghead Gas or Dry Gas [X]					P. O. BOX 256, FARMINGTON, NM 87499 Address (Give address to which approved copy of this form is to be sent)				
EL PASO NATURAL GAS CON	1PANY				P. O. BOX 1492,					
If well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp.	Rge	is gas actually connected?	When	7			
this production is conuningled with that it. V. COMPLETION DATA	from any oth	er lease or	pool, gi	ve commin	gling order number:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded		ol. Ready to	Prod.		Total Depth	_L	P.B.T.D.		.l	
:levations (DF, RKB, RT, GR, etc.)					Top Oil/Gas Pay	Top Oil/Gas Pay		Tubing Depth		
'erforations	L				I		Depth Casing S	lioe		
			-=	ra z rentz						
HOLE SIZE		UBING, SING & TU			DEPTH SE		SAC	CKS CEME		
					DET TITOL			JAG OLWIE		
				-						
								·		
. TEST DATA AND REQUES					,1		1			
OLL WELL (Test must be after re Date First New Oil Run To Tank	Date of Tes		of load	oil and mus	Producing Method (Flow, p			full 24 hour:	s.)	
THE THE WORLD TO THIS	LARE OF TES	×			roducing triedica (r-tow, p	литр, диз 191, г	ic. <i>j</i>			
ength of Test	Tubing Pressure				Casing Pressure	Choke Size				
actual Prod. During Test	Oil - Bbls.				Water - Bbis.	Gas- MCF				
AS WELL							l			
actual Prod. Test · MCF/D	Length of I	est			Bbls. Condensate/MMCF		Gravity of Cone	iensate		
sting Method (pitot, back pr.)	ssure (Shut-	in)		Casing Pressure (Shut-in)		Choke Size				
, , , , , , , , , , , , , , , , , , , ,		•	,		3 · · · · · · · · · · · · · · · · · · ·		GIORE SIEC			
I. OPERATOR CERTIFICA	ATE OF	COMP	LIAN	ICE	011 001	UCEDIA	TION D			
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL COI	NOEHVA	ATION DI	V1510	N	
is true and complete to the best of my knowledge and belief.					Date Approve	ed	MAY 08 1	gra		
ivision have been complied with and that the information given above true and complete to the best of my knowledge and belief. J. Hampton						\ ~1				
Supature J. alamy	van				Ву	<u></u>		<u>/</u>		
J. L. Hampton Sr. Printed Name	. Staff		. Su Tide	prv.		SUPERV	ISION DIS	STRICT	# 3	
Janaury 16, 1989		303-8	30-5		Title		·- · · · · · · · · · · · · · · · · · ·			
Date Telephone 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
- 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.