State of New Mexico Energy, Minerals and Natural Resources Department

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

F.C. DOX 1360, 110008, 1401 88240	(OIL CO	ONSERVA	TION I	DIVISIO	N	1		•		
DISTRICT II P.O. Drawer DD, Arlesia, NM 88210	P.O. Box 2088										
DISTRICT III		San	ta Fe, New M	exico 8750	04-2088	,	'				
1000 Rio Brazos Rd., Aztec, NM 87410			R ALLOWA								
I, Operator	·	TO TRAI	NSPORT OIL	_ AND NA	TURAL G		API No.				
Amoco Production Company					3004526558						
Address	D 000						<u> </u>				
1670 Broadway, P. O. Reason(s) for Filing (Check proper box)	ROX 800	, Denve	r, Colorad		er (Please expl	ain)					
New Well		Change in T	ransporter of:		ci (i isme expi	umj					
Recompletion	Oil		Dry Gas 🔲								
Change in Operator X			Condensate								
and address of previous operator Ten	neco Oi	1 E & P	, 6162 S.	Willow,	Englewoo	d, Colo	rado 80	0155			
II. DESCRIPTION OF WELL	AND LEA										
Lease Name FLORANCE C LS	Well No. Pool Name, Includ			· .			Lease No. RAL NM003549				
Location	,s Iron past			in (DAROTA) FE			ERAL NIIOU3349				
Unit LetterO	_ :790	01	Feet From The FS	L Lin	e and 1900	Fe	et From The	FEL	Line		
Section 30 Townshi	" 28	,	Range8W	. N	мрм,	SAN J	UAN		County		
N. 2											
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Condense	10		e address to w	hich approved	copy of this !	form is to be see	nt)		
CONOCO	l		··· k∷	1	X 1429,	• • •			·		
Name of Authorized Transporter of Casin			or Dry Gat [X]	Address (Giv	e address to wi	hich approved	copy of this f	form is to be see	nı)		
EL PASO NATURAL GAS CO					X 1492,			9978			
If well produces oil or liquids, give location of tanks.	Unit	S∞c. 1	Γwp. Rge. Ι	is gas actuali	y connected?	When	7				
If this production is commingled with that IV. COMPLETION DATA	from any other	er lease or po	ool, give comming	ing order num	ber:						
Decignate Time of Constitution	(V)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion Date Spudded		l. Ready to F	and.	Total Depth	l	L	P.B.T.D.	l	.l		
		,						1.0.1.0.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth				
Perforations					I			Depth Casing Shoe			
				CORA A CONTROL			<u> </u>				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE				CEMENTI	NG RECOR		SACKS CEMENT				
HOLE SIZE		CASING & TUBING SIZE			DEFIN SET			SAORS CLIMENT			
V. TEST DATA AND REQUES	T FÖR A	LLOWA	BLE	1	-		J				
OIL WELL (Test must be after r	T		load oil and must					for full 24 hour	s.)		
Date First New Oil Run To Tank	Date of Tes	1		Producing Me	thod (Flow, pu	mp, gas iifi, e	(c.)				
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
							Gas- MCF				
Actual Prod. During Test	Oil - Ubls.			Water - Bbls.			Ods- MICF				
GAS WELL	1						1				
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
<u>. </u>	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			0-07	Charles Con			
Testing Method (pitot, back pr.)	Lubing Pres	eane (Sport-n	1)	Casing Piess.	ire (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMPL	JANCE								
I hereby certify that the rules and regul	ations of the (Oil Conserva	tion		OIL COM	ISERV	NOITA	DIVISIO	N		
Division have been complied with and is true and complete to the best of my l			above	Doto	Annrova	a MAY	/ በጸ 100	20			
1 1 st					Date Approved MAY 0.8 1999						
Superiure J. Stampton					By But), Chang						
J. L. Hampton Sr	. L. Hampton Sr. Staff Admin. Suprv.					SUPERVISION DISTRICT #3					
Printed Name Janaury 16, 1989			iide 10-5025	Title							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Telephone No.

- 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,