Sabinit 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 Rottom of Page

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

DIST SICT III 1000 Rio Binzos Rd., Aziec, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

I.			ABLE AND AUTHO DIL AND NATURAL			
Operator	ALTHO MATORIAL	Well API No.				
Amax 011 & Ga		30045243090081				
P.O. Box 4280	06, Houston,	TX 77042	<u> </u>			
Reason(s) for Filing (Check proper be New Well	•	e in Transporter of:	Other (Please	explain)		
Recompletion	Oil	Dry Gas]			
Change in Operator	Casinghead Gas	Condensate				
f change of operator give name and address of previous operator La	ıdd Petroleu	ım Corp., 3	370 17th St.,	Ste. 170	0,Denver	,CO 80202-56
I. DESCRIPTION OF WEI	LL AND LEASE					
Lease Name			T		of Lease Rederal or Fee	Lease No.
Kutz Canyon		Basin [Jakota	States	Redcial of Fee	SF077383
Unit Letter P	790	Feet From The _	South Line and 1	100 Fe	ect From The	astLine
Section 22 Tow	rnship 28N	Range 104	NMPM,	San Ju	ıan	County
II. DESIGNATION OF TR	ANSPORTER OF	OIL AND NAT	URAL GAS			•
Name of Authorized Transporter of O	or Con	idensate [X]	Address (Give address to			
Gary Williams Energy Corp.			370 17th St., Ste. 5300, Denver, CO 80202			
anne-of Authorized Transporter of Casinghead Gas or Dry Gas X			Address (Give address to which approved copy of this form is to be sent) P.O. Box 26400, Albuquerque, NM 87125			
If well produces on or liquids, ive location of tanks.	Unit Sec. P 2.2	Twp. Rge 28N 10V	e. Is gas actually connected	7 When	1 7	
f this production is commingled with				<u>l</u> ne	cember,	1900
V. COMPLETION DATA		, , , ,				······································
Designate Type of Completi	ion - (X)	Vell Gas Well	New Well Workove	r Deepen	Plug Back Sa	me Res'v Diss Res'v
Date Synidded	Date Compl. Read	y to l'rod.	Total Depth		P.B.T.D.	······································
levations (DF, RKB, RT, GR, etc.)	RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay Tubing Depth		
critorations					Depth Casing S	hoe
	77.17.18.1	C CASING AND	CELEVANICA PRO	3 D IS		
HOLE SIZE		G, CASING AND TUBING SIZE	D CEMENTING RECO		SAC	CKS CEMENT
					J. J. J.	NO OEMEN
'. TEST DAT <mark>A AND REQ</mark> U			·			
			be equal to or exceed top allowable for this depth or be for full 24 hours.)			
ate first New Off Run 10 tank	Date of Test		Producing Method (Flow	, pump, gas lýi, e	elc.)	
ength of Test	Tubing Pressure	Tubing Pressure		ന	Chokesize	IVEM
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Gas- MCF	
				บบ	AUG1 2	1991
GAS WELL Actual Prod. Test - MCF/D	Total filozofia de la composición de l					
sciusi (100, 1881 - MC1/I)	Length of Test		Bbls. Condensate/MMCF		DAFA COW	kusibi V.
esting Method (nitot, back pr.)	Tubing Pressure (S	Tubing Pressure (Shut-in)		<u> </u>	Choke Size	-
A ODERATOR CERTIF	ICATE OF CO.	ADLIANCE			<u></u>	
I. OPERATOR CERTIF Thereby certify that the rules and re			OILCO	NSERVA	ATION DI	VISION
Division have been complied with a	and that the information	given above		_		
is true and complete to the best of a	my knowledge and belief	•	Date Approv	/ed	AUG 1 2 19	91
Sherry 1	aseh				1	
Signature Sherry Vasek	Pro	d. Analyst	By	المناط	·> </td <td></td>	
Printed Name		Title	Title	SUPER	VISOR DIST	RICT /3
6/21/91	<u>(713)97</u>	8-7700	I IIII			

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.