Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWARIE AND ALITHORIZATION

7			ARLE AND AUTH				
I.	AND NATURAL GAS						
Operator AMOCO PRODUCTION COMPANY		Attention; D. M. TALLANT		Well	Well API No. 3004528905		
Address				(222) 222	(200) 200 5 (07		
P.O. Box 800 Denver Colorado			80201 (303) 830-5427				
Reason(s) for Filing (Check proper box)			Other (Please	e explain)			
New Well	Change in Tran	·					
Recompletion	[ ]	Gas 📋					
Change in Operator	Casinghead Gas Cor	idensate					
If change of operator give name and address of previous operator							
•	ANDIEACE						
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No.   Pool Name, Includi			ing Formation Cond Kind		of Lease Lease No.		
		N-FRUITLAND-GAS		of Lease Federal or Fee	Lease No.		
Location	14	DA311	T-HOHEARD-GAS			SF-077123	
Unit LetterG	1800' Feet	From The	FNL Line and	1815' F	eet From The	FEL Line	
Section 24 Township	o 28 N Rang	<sub>ge</sub> 09 V	V ,NMPM,		SAN JUAN	County	
		·	<del></del>				
III. DESIGNATION OF TRAN	SPORTER OF OIL A	AND NATU	RAL GAS				
Name of Authorized Transporter of Oil	or Condensate		Address (Give address	to which approve	ed copy of this form	is to be sent)	
Walu fort 980							
Name of Authorized Transporter of Casin	Address (Give address to which approved copy of this form is to be sent)						
El Paso Natural Gas 2806496							
If well produces oil or liquids, give location of tanks.	Unit Sec. Tw	p. Rge.	Is gas actually connect	ed? When	1?		
If this production is commingled with tha	t from any other lease or po	ol. give comm	ingling order number:	L			
IV. COMPLETION DATA	is from any which reason or pa	an, give evillin	inging order namer.				
IV. COMPLETION DATA	Oil Well	Gas Well	New Well Work	over Deenen	Plug Back   San	ne Res'v Diff Res'v	
Designate Type of Completion		×	×		1 1		
Date Spudded	Date Compl. Ready to Pro	L	Total Depth		P.B.T.D.		
•	10.07.00		2406	;*		2234'	
Elevations (DF,RKB,RT,GR,etc.)	05-08-93 Name of Producing Forma	tion	Top Oil/Gas Pay		Tubing Depth		
5909' KB, 5908 DF, 5897' GL			2001'		2149'		
		2001		Depth Casing Shoe			
Perforations (See Backside)							
(500 300)		CINC AND	OFMENTING DE	CORD		2397	
LIOI E CIZE	TUBING, CASING AND CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
HOLE SIZE	8-5/8				200 SX CL B CMT		
12-1/4 7-7/8	4-1/2		286		800 SX CL B CMT11.4#		
7-710	4-112		200,				
	2-3/8		2149'				
N THE PART AND DECLIES	TEOD ALLOWAR					J	
V. TEST DATA AND REQUES OIL WELL (Test must be after r. Date First New Oil Run To Tank	ecovery of total volume of lo		Producing Method (Fla	ow, pump, gas lift	, etc.)	full 24 hours.)	
Length of Test	Tubing Process		Casing Deserves		Choke Size	2 2 2 5 ATS 60 X	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
					, , , , , , , , , , , , , , , , , , ,		
ctual Prod. During Test Oil - Bbls.		Water - Bbls.		Gas - MCF			
	0		0				
GAS WELL							
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MM	CF	Gravity of Conde	ensate / to to to to to	
227	24				2,33, 3		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
	145 PSI		200 PSI			1.00	
VI. OPERATOR CERTIFICAT		E	OIL C	ONSERV	ΔΤΙΟΝ ΟΙ	VISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the			OIL CONSERVATION DIVISION				
information given above is true and complete to the best of my			Date Approved AUG 181993				
	1/: 🗸		H Date App	rovea			
Delland de Wand					_1		
Signature			By Bin) Chan				
D. M. TALLANT STAFF ASSISTANT			SUPERVISOR DISTRICT #3				
Printed Name	Title		Title	SUPERV	OUN DISTRIC	CT #3	
Date	Telephone	No.		<del></del>			
Dail.	t eleptione						

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

4) changes.

## Perforations:

2157-2162 2128-2136 2092 - 2110 2058 - 2064 2001 - 2005