Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Diawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104	
Revised 1-1-1	19
See Instructi	ons
at Bottom of	Pag

OIL CONSERVATION DIVISION

P.O. Box 2088

DICIPICAL III		Santa Fe, New M	lexico 87504-20	088		
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	DEOUES:	T FOR ALLOWA	DIE AND AUT	LIODIZATION		
•		TRANSPORT OIL				
Coperator		HANSPORT OIL	L AND NATOR	Well	API No.	
Amoco Production Comp	Company 3004				521087	
Address	D 900 D	C-1	l- 00001			
1670 Broadway, P. O.	BOX BUU, DO	enver, colorad		ease explain)		
Reason(s) for Filing (Check proper box)	Chan	ge in Transporter of:	[_] Oulei (r ia	ase expans		
New Well Recompletion	Oil	Dry Gas				
Change in Operator		Condensate				
garge Certaga Brillian menergaran and and a second		& P, 6162 S.	Willow, Eng	lewood, Colo	rado 8015	55
II. DESCRIPTION OF WELL	AND LEASE					
Lease Name		No. Pool Name, Includ	ne, Including Formation			Lease No.
HARDIE LS	7	BLANCO (PIC	TURED CLIFF	s) fede	RAL	SF078416A
Location						
Unit Letter	900	Feet From The FS	L Line and	1180 Fo	et From The _F	VL Line
Section 23 Townshi	_p 29N	Range8W	, NMPM,	SAN J	UAN	County
III. DESIGNATION OF TRAN	SPORTER O	FOIL AND NATI	IRAL GAS			
Name of Authorized Transporter of Oil		ondensate	Address (Give add	ess to which approved	copy of this form	is to be sent)
C\$1	LJ	(y_)				
Name of Authorized Transporter of Casin	ghead Gas {	or Dry Gas [X]	Address (Give add)	ess to which approved	copy of this form	is to be sent)
EL PASO NATURAL GAS CO				492, EL PASO		78
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected? When ?			
If this production is commingled with that	from any other lea	se or pool, give comming	ling order number:			
IV. COMPLETION DATA						
Durianus Turn of Complation		Well Gas Well	New Well Wo	rkover Deepen	Plug Back Sa	me Res'v Diff Res'v
Designate Type of Completion			Total Depth		l,	
Date Spudded	Date Compl. Rea	idy to 1700.	rocal Depui		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Produci	ne Formation	Top Oil/Gas Pay		Tubing Depth	
(,,,,,,			Tuonig Depart			
Perforations	- L		·		Depth Casing S	ihoe
					<u> </u>	
	TUBI	NG, CASING AND	CEMENTING F	RECORD		
HOLE SIZE	CASING	& TUBING SIZE	DEP	TH SET	SA	CKS CEMENT
					·	
			ļ		·	
			·		ļ	
V. TEST DATA AND REQUE	ST FOR ALLO	OWABLE	.l		.J	
		lune of load oil and mus	t be equal to or excee	d top allowable for thi	s depth or be for	full 24 hours.)
Date First New Oil Run To Tank	Date of Test			(Flow, pump, gas lift, i		
	2		Casing Pressure		Choke Size	
Length of Test	Tubing Pressure		Ceoung 1 (casule			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF	
	· l		J		J	
GAS WELL	THE LIBERT FRANCE OF		Bbls, Condensate/M	AMCE	Gravity of Con	densate
Actual Prod. Test - MCF/D	Length of Test		Buts, Congensate/N	MAICE.	Gravity of Con	oensate
Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-in)	Casing Pressure (SI	hut-in)	Choke Size	
		•				

VI. OPERATOR CERTIFICATE OF COMPLIANCE

Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. L. Hampton Punted Name Janaury 16, 1989 303-830-5025

Telephone No

OIL CONSERVATION DIVISION MAY 08 1989

Date Approved By. SUPERVISION DISTRICT # 3 Title

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.