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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 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., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| Operator PRODUCTION COMPANY  Address  AMOCO PRODUCTION COMPANY  Address  BOOK 800, DENVER, COLORADO 80201  RESSORDED for Filing (Check proper body)  RESSORDED for Filing (Check proper)  RESSORDED for Filing (Check proper)  RESSORDED for Filing (Check proper)  RESSORDED for Filing (Check proper body)  RESSORDED for Filing (Check proper)  RESSORDED for Filing (Check proper for Filing (Check proper)  RESSORDED for Filing (Check proper for Filing (Check proper)  RESSORDED for Filing (Check proper fo | •   | TOTRA                       | NSPC       | RT OIL  | AND NAT  | URAL       | GAS          | Well A                                  | Pl No.        | ·                    |              |  |
|--|---|-----------------------------|------------|---|--|------------|--------------|---|---------------|----------------------|--------------|--|
| Authorized Transporter of Oil   Or First From The   FSL Line and   Or  | •   |                             |            |   |  |            |              |   |               |                      |              |  |
| Reacectly for Files (Check proper beas) New Well Recompletion Cainghead Gas Condenses    NAME CHANGE -   Name CHANGE -   Name CHANGE   NAME CHANGE -   Name CHANGE -   Name CHANGE   NAME CHANGE -   Name CHANGE   NAME CHANGE   NAME CHANGE -   Name CHANGE   NAME CHANGE -   Name CHANGE   NAME CHANGE   NAME CHANGE -   Name CHANGE -   Name CHANGE   NAME CHANGE -   Name CHANGE   NAME CHANGE -   Name CHANGE -   Name CHANGE -   Name CHANGE   NAME CHANGE -   | Address   |                             |            |   |  | 3004523151 |              |   |               |                      |              |  |
| Change of Operator   Casinghead Gas   Conscious   Conscious  | Reason(s) for Filing (Check proper box)   | Change in                   | Transpor   |   |  |            |              |   | hes 1         | 21 F                 | #4A          |  |
| LEASE NAME  ITUSINES /A/  LOCATION  Unit Letter  1 1700  Feet From The  4A Pool Name, Including Formation  Unit Letter  1 1700  Feet From The  FEL Line  SECTION 34 Township  29N Range 8W NMPM, SAN JUAN  COUNTY  FEED LINE  SECTION TO FEET FROM THE  FEL Line  Address (Cove address to which approved copy of this form is to be sense)  P. O. BOX 1492, EL PASO, TX 79978.  If well produces of or inquisids,  If his production is commingted with that from any other lease or pool, give commissing order number:  If N. COMPLETION DATA  Designate Type of Contyletion - (X)  Date Speadded  Date Conpl. Ready to Prod.  TUBING, CASING AND CEMENTING RECORD  Date Speadded  Date Casing A TUBING SIZE  OF DIT Officerations  TUBING, CASING AND CEMENTING RECORD  ONLY TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Grass well  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  (Sind-in)  Connected Contyletion DINTS OF COMPLIANCE  OIL CONNECTED IN CONTY OF COMPLIANCE  OIL CONNECTED IN CONNECTED OF COMPLIANCE  OIL CONNECTED IN CONNECTED OIL AND NATURAL CASING IN Condensation of Contyletion of Test  Casing Pressure  (Sind-in)  Casing Pressure (Sind-in)  OIL CONNECTED OIL SIGN.  OIL CON | . (7)   |                             | •          |   |  |            |              |   |               |                      |              |  |
| DESCRIPTION OF WELL AND LEASE   Lease No.   Pool Name, Including Formation   Kind of Lease   Lease No.   MIGGIES /A/   Wall   Pool Name, Including Formation   FEDERAL   SEQ780.649  | change of operator give name  |                             |            |   |  |            | <del>.</del> |   |               | <del> </del>         |              |  |
| Lease Name   Well No.   Pool Name, Including Formation   FEDERAL   SPO7ROGO  | •   | ND LEASE                    |            |   |  |            |              |   |               |                      |              |  |
| Unit Letter 1 1700 Feet From The FSL Line and 970 Feet From The FEL Line Section 34 Township 29N Range 8W NMPM, SAN JUAN County  III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate P. Address (Give outliers to which approved copy of this form is no be sent) P.O. BOX 1429. BIFOME FELL, NM 874.13  Name of Authorized Transporter of Casinghead Gas Or Dry Gas P.O. BOX 1429. BIFOME FELL, NM 874.13  Name of Authorized Transporter of Casinghead Gas Or Dry Gas P.O. BOX 1429. BIFOME FELL, NM 874.13  Name of Authorized Transporter of Casinghead Gas Or Dry Gas P.O. BOX 1429. BIFOME FELL, NM 874.13  Name of Authorized Transporter of Casinghead Gas Or Dry Gas P.O. BOX 1429. BIFOME FELL, NM 874.13  Name of Authorized Transporter of Casinghead Gas Or Dry Gas P.O. BOX 1429. BIFOME FELL, NM 874.13  Name of Authorized Transporter of Casinghead Gas Or Dry Gas P.O. BOX 1429. BIFOME FELL, NM 874.13  Name of Authorized Transporter of Casinghead Gas Or Dry Gas P.O. BOX 1429. BIFOME FELL, NM 874.13  Name of Authorized Transporter of Casinghead Gas Or Dry Gas P.O. BOX 1429. BIFOME FELL, NM 874.13  Name of Authorized Transporter of Oil Casinghead Gas Or Dry Gas P.O. BOX 1429. BIFOME FELL, NM 874.13  Name of Authorized Transporter of Oil Casinghead Gas Or Dry Gas P.O. BOX 1429. BIFOME FELL, NM 874.13  Name of Authorized Transporter of Oil Casinghead Casinghea | Lease Name  | Well No.                    |            | · .   |  | 1          |              | 1                                       | · .           |                      |              |  |
| Section   34   Township   29N   Range   8W   NMPM,   SAN JUAN   County   | I   | 1700                        | _ Feet Fix | om The  | FSL Line   | and        | 970          | ) Fee                                   | t From The _  | FEL                  | Line         |  |
| Name of Authorized Transporter of Coll COMPONY    P. O. BOX 1429   BisONFFEIT   NM   87613   |   | 29N                         | Range      | 8W  | , NM   | IPM,       |              | SAN                                     | JUAN          |                      | County       |  |
| Name of Authorized Transporter of Oil Or Condensate P. O. BOX 1429. BLOONTFIFELD, NM 87413  Name of Authorized Transporter of Casinghead Case EL PASO NATURAL GAS COMPANY  If well produces and oir flequids, Used Soc. Twp. Reg. is gas actually connected?  If whis production is commingled with that from any other lease or pool, give commingling order armber:  If whis production is commingled with that from any other lease or pool, give commingling order armber:  If whis production is commingled with that from any other lease or pool, give commingling order armber:  If whis production is commingled with that from any other lease or pool, give commingling order armber:  If whis production is commingled with that from any other lease or pool, give commingling order armber:  If whis production is commingled with that from any other lease or pool, give commingling order armber:  If well produces of units.  If which is production is commingled with that from any other lease or pool, give commingling order armber:  If well workover Deepen Prug Back Same Rea'v Diff Ret'v Designate Type of Conty-letion - (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth P.B.T.D.  Tubing Pressure  TUBING, CASING AND CEMENTING RECORD  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  TUBING, CASING AND CEMENTING RECORD  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  OIL WELL If at must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  The first must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  The first must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  The first must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  The first must be after recovery of total volume of load oil and mu | UL DESIGNATION OF TRANS   | SPORTER OF O                | IL AN      | D NATUI                                       | RAL GAS  |            |              |   | <del></del> ; |                      |              |  |
| Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS COMPANY  FL PASO NATURAL GAS COMPANY  If well produces of or liquids, prediction is commingled with that from any other lease or pool, give commingling order number:  17. COMPLETION DATA  Designate Type of Completion - (X)  Date Sputded  Date Compl. Ready to Producing Formation  Top OlivCas Pay  Tubing Depth  P.B.T.D.  Total Depth  P.B.T.D.   | Name of Authorized Transporter of Oil   | Conde                       | nsale      |   | Address (Cive  |            |              |   |               |                      |              |  |
| EL PASO NATURAL GAS COMPANY  If well products of or liquids, prive location of units.  If this production is commingled with that from any other lease or pool, give communingling order number:  If this production is commingled with that from any other lease or pool, give communingling order number:  IV. COMPLETION DATA  Designate Type of Conspletion - (X)  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Total Depth  P.B.T.D.  Total Depth  P.B.T.D.  Total Depth  P.B.T.D.  Tubing Depth  Depth Casing Since  TUBING, CASING AND CEMENTING RECORD  CASING A TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)  Tubing Pressure  Casing Pressure  GAS WELL  Actual Prod. Test — MCFO  Tubing Pressure (Shut-in)  OIL CONSERVATION DIVISION   | COMOGO Meridin will   |                             |            |   | Address (Give address to which approved copy of this form is so be sent) |            |              |   |               |                      |              |  |
| If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Date Spudded  Date Compiletion - (X)  Date Spudded Date Compiletion - (X)  Date Spudded Date Compiletion - (X)  Date Spudded Date Compiletion - (X)  Date Spudded Date Compiletion - (X)  Date Spudded Date Compiletion - (X)  Date Spudded Date Compiletion - (X)  Date Spudded Date Compiletion - (X)  Date Spudded Date Compiletion - (X)  Name of Producing Formation Total Depth P.B.T.D.  TUBING, CASING AND CEMENTING RECORD  Depth Casing Stoce  TUBING, CASING AND CEMENTING RECORD  HCLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)  Date First New Oil Rus To Tank Date of Test  Producing Method (Flow, pump, gas lift, stc.)  Date of Test  Tubing Pressure  Casing Pressure (Shut-in)  Dist. 3  Chick Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  OIL CONSERVATION DIVISION   | EL PASO NATURAL GAS CON   | MPANY                       |            |   | P.O. BO  | OX 14      | 92. I        |   |               |                      |              |  |
| Designate Type of Completion - (X)   | give location of tanks.   | i                           | <u> </u>   | <u>i.                                    </u> |  |            |              |   | '             |                      |              |  |
| Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HCLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure  Casing Pressure (Shus-in)  DIST. 3  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  | If this production is commingled with that f  | rom any other lease or      | pool, giv  | e commingli                                   | ing order numb   | er.        |              |   |               |                      |              |  |
| Designate Type of Completion - (X)  Date Spotded  Date Compl. Ready to Prod.  Date Spotded  Date Compl. Ready to Prod.  Total Depth  P.B.T.D.  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HCLE Size  CASING & TUBING Size  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 howrs.)  Date First New Oil Run To Tank  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  GAS WELL  Actual Prod. Duning Test  Oil - Bibls.  Oil - Bibls.  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Oil CONSERVATION DIVISION  | IV. COMPLETION DATA   | Oil Wel                     | <u> </u>   | Gas Well                                      | New Well   | Works      | ver          | Deepen                                  | Plug Back     | Same Res'v           | Diff Res'v   |  |
| Elevations (DF, RXB, RT, GR, etc.)  Name of Producing Formation  Top DiPGas Pay  Tubing Depth  Depth Casing Sloce  TUBING, CASING AND CEMENTING RECORD  HCLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)  Length of Test  Tubing Pressure  Casing Pressure  Casing Pressure  OIL - Bbls.  OCT 2 9 1990  GAS WELL  Actual Prod. During Test  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Connective Connection DIVISION   | Designate Type of Completion -  | · (X)                       |            |   | 25-10-15-16  | l          |              |   | Inn Th        | L                    | <u> </u>     |  |
| TUBING, CASING AND CEMENTING RECORD  TUBING, CASING AND CEMENTING RECORD  HCLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for third depth or be for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Length of Test  Tubing Pressure  Actual Prod. Duning Test  Oil - Bbls.  Water - Bbls.  OCT 2 9 1990  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  ONAS Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  | Date Spudded  | Date Compl. Ready 1         | to Prod.   |   |  |            |              | ·-·                                     | P.B.1.D.      |                      |              |  |
| TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date Find New Oil Rus To Tank  Date of Test  Length of Test  Tubing Pressure  Casing Pressure  Water - Bbis.  OCT 2 9 1990  GAS WELL  Actual Prod. Test - MCI/D  Length of Year  Tubing Pressure (Shut-in)  Bbis. Condensate/MMCF  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  ONIC CONSERVATION DIVISION  | Elevations (DF, RXB, RT, GR, etc.)  | Name of Producing Formation |            |   | Top Oil/Gas Pay  |            |              |   |               |                      |              |  |
| HCLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT   | Perforations  |                             |            |   |  |            |              |   | Depth Casi    | ng Shoe              |              |  |
| V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Date First New Oil Run To Tank  Date of Test  Tubing Pressure  Casing Pressure  Actual Prod. During Test  Oil - Bbls.  Oil - Bbls.  Oil - Bbls.  GAS WELL  GAS WELL  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  OUL CONSERVATION DIVISION   |   | TUBING                      | , CASI     | NG AND  | CEMENTI  | NG RE      | CORE         | )                                       | · · · · · ·   | CACVE CEM            | ENT          |  |
| OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to be extently understand the producting Method (Flow, pump, gas tift, etc.)  Date First New Oil Rua To Tank  Date of Test  Tubing Pressure  Casing Pressure  Water - Bbls.  OCT 2 9 1990  GAS WELL  Actual Prod. Test - MCl/D  Length of Test  DIST. 3  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  ONSERVATION DIVISION   | HOLE SIZE   | CASING & T                  | UBING :    | SIZE  |  | DEPTH      | SET          |   |               | SACKS CEM            | ENI          |  |
| OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to be extently understand the producting Method (Flow, pump, gas tift, etc.)  Date First New Oil Rua To Tank  Date of Test  Tubing Pressure  Casing Pressure  Water - Bbls.  OCT 2 9 1990  GAS WELL  Actual Prod. Test - MCl/D  Length of Test  DIST. 3  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  ONSERVATION DIVISION   |   |                             |            |   |  |            |              |   |               | <del></del>          |              |  |
| OIL WELL  (Test must be after recovery of total volume of load oil and must be equal to be extently understand the producting Method (Flow, pump, gas tift, etc.)  Date First New Oil Rua To Tank  Date of Test  Tubing Pressure  Casing Pressure  Water - Bbls.  OCT 2 9 1990  GAS WELL  Actual Prod. Test - MCl/D  Length of Test  DIST. 3  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  ONSERVATION DIVISION   |   |                             |            |   |  |            |              |   |               |                      |              |  |
| Date of Test  Length of Test  Tubing Pressure  Casing Pressure (Shut-in)  | V. TEST DATA AND REQUES   | T FOR ALLOW                 | ABLE       |   | he soud to a   | arcasil    | ion alla     | unhle for thi                           | s depth or be | for full 24 hos      | us.)         |  |
| Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  Oil |   |                             | e of load  | oli ana musi                                  | Producing M  | ethod (F   | low, pur     | np, gas lift.                           | etc.)         |                      |              |  |
| GAS WELL  Actual Prod. During Test  OCT 2 9 1990  GAS WELL  Actual Prod. Test - MCIVD  Length of Test  DIST. 3  Tubing Pressure (Shut-in)  VI. OPERATOR CERTIFICATE OF COMPLIANCE  OUL CONSERVATION DIVISION   | Length of Test  | Tubing Pressure             |            |   | Casing Press   | nte        |              |   | Trie st       |                      |              |  |
| Testing Method (pitos, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Onoke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE   | Actual Prod. During Test  | Oil - Bbls.                 |            |   | Water - Bbls.  |            |              | ······································· | 0CT 2 9 1990  |                      |              |  |
| Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Oncke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  | CAS WELL  | <u> </u>                    |            |   | 4  |            |              |   |               |                      | W            |  |
| Testing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  OIL CONSERVATION DIVISION  |   | Length of Test              |            |   | Bbis. Conde  | nsaic/Mi   | MCF          |   | Citavity of   | IST, 3               | • • •        |  |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION   | Testing Method (pitot, back pr.)  | Tubing Pressure (Shut-in)   |            |   | Casing Pressure (Shut-in)  |            |              | <u> </u>                                |               |                      | -            |  |
|  | VI. OPERATOR CERTIFIC   | CATE OF COM                 | IPLIA      | NCE   |  |            | CON          | ISERV                                   | ATION         | DIVISI               | ON           |  |
| I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above   | I hereby certify that the rules and regulations of the Oil Conservation<br>Division have been complied with and that the information given above<br>is true and coraplete to the best of my knowledge and belief. |                             |            |   | <b>!</b>   |            |              |   |               |                      |              |  |
|  | is true and complete to the best of my  | anowroge am belle.          |            |   | II.  | •          | orove        |   |               | ۷<br><u>۱۳۶۸ ت ب</u> | ,            |  |
| Signature W. Whaley, Staff Admin. Supervisor   | Signature<br>Doug W. Whaley, Staf   | f Admin. Sup                | ervis      | or  | By_  |            |              |   |               | <del>(Hun</del> g    | /            |  |
| Printed Name October 22, 1990 Telephone No.  Title SUPERVISOR DISTRICT 13  Title SUPERVISOR DISTRICT 13  | Printed Name  |                             | Title      |   | Title  | <b>.</b>   |              | SUF                                     | 'EHVISO       | H DISTRI             | UI <b>P3</b> |  |

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
   Separate Form C-104 must be filed for each pool in multiply completed wells.