

Submit 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 Bottom of Page

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY	Well API No. 30-045-23421
Address P.O. BOX 800, DENVER, COLORADO 80201	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name HAMNER	Well No. 9	Pool Name, Including Formation BASIN FRUITLAND COAL GAS	Kind of Lease FED.	Lease No. SF-080245
Location				
Unit Letter A	: 1020'	Feet From The N	Line and 1090'	Feet From The E
Section 20	Township 29N	Range 9W	NMPM,	SAN JUAN
County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
EL PASO NATURAL GAS	P.O. BOX 4990, FARMINGTON, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Soc.
	Twp.	Rge.
		Is gas actually connected?
		When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well XX	New Well	Workover	Deepen	Plug Back XX	Same Res'v	Diff Res'v
Date Spudded 5/10/79	Date Compl. Ready to Prod. 12/2/91		Total Depth 2250'		P.B.T.D. 2135'			
Elevations (DF, RKB, RT, GR, etc.) 5589' GR	Name of Producing Formation FRUITLAND COAL		Top Oil/Gas Pay 1834'		Tubing Depth 1927'			
Perforations 1930' - 2008'	Fruitland Coal				Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	8 5/8"		196'		160 SX			
7 7/8"	4 1/2"		2250'		710SX			
	2 3/8"		1927'					

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	Producing Method (Flowing, Shut-in, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

**RECEIVED**  
**MAR 17 1992**  
**OIL CON. DIV. 1**  
**DIST 3**

GAS WELL

Actual Prod. Test - MCF/D 400	Length of Test 2	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) FLOWING	Tubing Pressure (Shut-in) 180	Casing Pressure (Shut-in) 390	Choke Size .25

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby 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.

*Cindy Burton*  
Signature  
C.L. Burton, Staff Admin. Supervisor  
Printed Name  
3/16/92  
Date  
303-830-5119  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAR 17 1992**

By *[Signature]*  
Title **SUPERVISOR DISTRICT #3**

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.