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Appropriate District Office
DISTRICT1
P.O. Box 1980, Hobbs, NM 88240

State of New Me Energy, Minerals and Natural Re

Department.

Furm C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

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1

DISTRICE II P.O. Drawer DD, Artesia, NM 88210			lox 2088 lexico 87504-2088				
DISTRICT III 1000 Rio Brazos Rd , Aziec, NM 87410		·	BLE AND AUTHOR	NOTATION.			
I.			L AND NATURAL C	SAS			
Operator Amoco Production Comp	any			ļ	.Р1 No. 5099 <b>0</b> 6		
Address		ver Colorso	lo 80201				
1670 Broadway, P. O. Reason(s) for Filing (Check proper box)	nox 600, Den	ver, colorad	Other (Please exp	olain)			
New Well		in Transporter of:					
Recompletion [2] Change in Operator		Dry Gas Condensate					
	neco Oil E &	P, 6162 S.	Willow, Englewo	od, Colo	ado 801	55	
II. DESCRIPTION OF WELL							
Lease Name FLORANCE	Well No B6	p. Pool Name, Includ	-	FEDEI	RAL	NMO12	ase No. .711
Location		1395IN					
Unit Letter	:1850	Feet From The FN	Line and 990	Fe	et From The .	EL	Line
Section 3 Townsh	<sub>ip</sub> 30N	Range <sup>8</sup> W	, NMPM,	SAN J	JAN		Соипту
III. DESIGNATION OF TRAI	NSPORTER OF	OIL AND NATU	JRAL GAS				
Name of Authorized Transporter of Oil	or Cond	ionsate 🔀	Address (Give address to	which approved	copy of this for	m is to be ser	u)
Name of Authorized Transporter of Casin EL PASO NATURAL GAS CO	-	or Dry Gas X	Address (Give address to				น)
If well produces oil or liquids,	Unit Sec.	Twp. Rge	Is gas actually connected?				
give location of tanks.  If this production is commingled with that	from any other lease	or pool, give commin	ling order number:				
IV. COMPLETION DATA				_,			
Designate Type of Completion	Oil Wo   - (X)	ell Gas Well	New Well   Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.		
Lievations (DF, RKB, RF, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay		Tubing Depth		
Perforations	L				Depth Casing	Shoe	
T CITCO DELIVORO							
			DEPTH SE		l	ACKS CEME	NT
HOLE SIZE	CASING &	TUBING SIZE	DEF ITT SC		J		
			<del>-</del>				
V, TËST DATA AND REQUE	ST FOR ALLOV	VABLE					
OIL WELL (Test must be after Date First New Oil Run To Tank	Dute of Test	re of load oil and mus	Producing Method (Flow,			r Juli 24 how	·s.)
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF		
GAS WELL					J		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Co	ondensate	
Testing Method (pilot, back pr.)	Tubing Pressure (SI	hut in)	Casing Pressure (Shut-in)		Choke Size		`
VI. OPERATOR CERTIFIC  Thereby certify that the rules and regulation have been complied with an	itations of the Oil Cons	servation	OIL CO	NSERV	ATION [	DIVISIO	N

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Sippature J. L. Hampton

Printed Name Janaury 16, 1989

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title\_

Date Approved MAY 08 1989

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Sr. Staff Admin. Suprv... Title 303-830-5025

Telephone No.

- 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.

Submit 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

State of New Me Energy, Minerals and Natural Re:

\*epartment

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

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

DISTRICT III		Santa	i i'e, new M	iexico 8/30	J4-2088		1			
1000 Řío Brazus Rd., Aztec, NM 87410			ALLOWAI			AS				
Operator Amoco Production Compa	any					i .	API No. 509906			
Address 1670 Broadway, P. O. 1	Box 800 I	)enver	Colorad	lo 80201						
Reason(s) for Uling (Check proper box)	30x 300, 1		, сотота		et (Please exp	lain)	<del></del>			
New Well Recompletion	Oil	Dr Dr								
Change in Operator   If change of operator give name Tops	Casinghead Ga							·		
and address of previous operator	neco Oil E		6162 S.	Willow,	Englewoo	od, Colo	rado 801	.55		
II. DESCRIPTION OF WELL Lease Name			ol Name, Includ	· <del>-</del> -		Lease No.				
FLORANCE	36	- 1	ANCO (MES	_		FEDE	RAL	NM012		
Location Unit LetterH	. 1850	Fe	et From The FN	LLin	and 990	Fe	et From The F	EL	Line	
Section 3 Township	p30N	Ra	nge8W	, NI	мрм,	SAN JI	JAN		County	
III. DESIGNATION OF TRAN	SPORTER C	F OIL	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	□ or C	Condensate	c <b>y</b> ta	Address (Giv	e address to w	hich approved	copy of this for	m is to be sen	u)	
Name of Authorized Transporter of Casing		or	Dry Gas 🗓	ı			copy of this for		u)	
SUNTERRA GAS GATHERING If well produces oil or liquids,					X 1899, y connected?	BLOOMF II	ELD, NM ?	8/413		
give location of tanks.  I this production is commingled with that i	(mm any other le			ling order numb		l				
IV. COMPLETION DATA	nom any coler le	ase or poor	, give continuing	ing order num	DC1.					
Designate Type of Completion		l Well	Gas Well	New Well	Workover	Deepen	Plug Back  S	ame Res'v	Diff Res'v	
Date Spudded	Date Compl. Re	ady to Pro	d	Total Depth		L1	P.B.T.D.		L	
Elevations (DF, RKB, RF, GR, etc.)	Name of Produc	ing Forma	tion	Top Oil/Gas I	hay ———		Tubing Depth			
Perforations	L			1			Depth Casing	Shoe		
					72-52-55		<u> </u>			
HOLE SIZE		ING, CA S & Tubin	ASING AND IG SIZE	CEMENTI	OEPTH SET		SA	CKS CEME	NT	
				l			l			
V. TEST DATA AND REQUES  OIL WELL — (Test must be after re				be equal to or	exceed ton all	owable for this	denth or be for	full 24 hour:	r.)	
Date First New Oil Run To Tank	Date of Test				thod (Flow, pr	<del></del>		, <u> </u>	<u></u>	
Length of Test	Tubing Pressure			Casing Pressu	ire	- <del></del>	Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL	1	<del></del>		J		<del></del>		<del></del>		
Actual Prod. Test - MCF/D	Length of Test	·· ···· ·		Bbis. Cenden	sate/MMCF		Gravity of Co	ndensate		
esting Method (pilot, back pr.)	Tubing Pressure	(Shut-in)		Casing Pressu	re (Shut in)		Choke Size		<u>·</u>	
VI. OPERATOR CERTIFIC	ATE OF CO		ANCE	\r			I			
Thereby certify that the rules and regula				(	DIL CON	<b>ISERV</b>	ATION D	IVISIO	N	
Division have been complied with and to is true and complete to the best of my k			bove			. м	AY 08 19	ıρα		
111	a+			Date	Approve	d	71 VV 15			
J. J. Starry	Non			Ву		3-1	), The	-{		
	_Staff_A					SUPERVI	SION DIS	TRICT #	3	
Printed Name Janaury 16, 1989	3	Tid 03-830	-5025	Title.						
Date		Telephor	ne No.	11						

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.

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

# OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

OW Rio Brazos Rd., Aztec, NM 87410	REOL	JEST FO	OR AL	TOMVE	BLE AND	AUTHORI	ZATION			
•						TURAL G	AS			
Operator AMOCO PRODUCTION COMP	ANV						Well 7	Pl No.		
Address	UNI						300	4509906		<del></del> -
P.O. BOX 800, DENVER,	COLORAD	0 8020	1		W 6:	on (Discourse )				
Reason(s) for Filing (Check proper box) New Well		Change in	Transpo	rter of:	_	et (Please expl				
Recompletion	Oil		Dry Ga	• 🖳	NA	ME CHANG	E - Flor	ANCE	#36	
Change in Operator	Casinghea	d Gas	Conden	sale						
change of operator give name nd address of previous operator									<del></del>	
I. DESCRIPTION OF WELL	AND LE		Bool M	ome leaby#	ng Formation		Kin4	(Lesse	1.	ease No.
Lease Name FLORANCE /G/		36	1		ESAVERDE	, .	l l	ERAL _	_	2711
Location			<u></u>							
Unit Letter!	_ :1	850	. Fect Fr	om The	FNI, Lin	e and9'	90 Fe	et From The _	FEL.	Line
Section 3 Towns	hip 30N		Range	8W	,N	мрм,	SAN	JUAN		County
		D 00 0		D BIATE	DAL CAS					
II. DESIGNATION OF TRA  Name of Authorized Transporter of Oil	NSPORTE	R OF O		UTAN U	Address (Gi	ne address to w	hich approved	copy of this fe	rm is to be se	ne)
CONOCO				<u> </u>		0X. 1429,				
Name of Authorized Transporter of Casi SUNTERRA GAS GATHERIN			or Dry	Cias []	1	ne address to in OX 1899				78 <i>)</i>
If well produces oil or liquids,	Unit	Soc.	Twp	Rge.		ly connected?	When			
ive lucation of tanks.	1 (22 22 22	ur lesse ce			line order sum	ber:				
f this production is commingled with the V. COMPLETION DATA	n irom any oth	NET HERME OF	hoor' Si,	e communi	and other man	~···	<del></del>			
	- (V)	Oil Well		Gas Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v
Designate Type of Completion  Date Spudded		pl. Ready to	Prod		Total Depth	l	<u> </u>	P.B.T.D.	I	_1
ner abusen										
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	ormation		Top Oil/Gas	Pay		Tubing Dep	th	
Perforations						<del></del>		Depth Case	y Shoe	
· · · · · · · · · · · · · · · · · · ·								<u> </u>		
					CEMENT	NG RECOR		<u> </u>	SACKS CEM	ENT
HOLE SIZE	CA	SING & TI	OBING	OIZE.	<del> </del>	UEF IN SE		<u> </u>		
					<del> </del>				<del></del>	
V. TEST DATA AND REQUI	EST FOR A	ALLOW	ABLE	<del></del>	<u> </u>			.J		
OIL WELL (Test must be after	recovery of to	osal volume	of load	oil and mus	Producing h	r exceed top all lethod (Flow, p	lowable for the	s depth or be uc.)	for full 24 hos	ws.)
Date First New Oil Rua To Tank	Date of Te	<b>.</b>			ricoucing is	e - 25 f				
Length of Test	Tubing Pro	essure			Casing Pres		.s e 11 13	Cheke Size	- ·	
Actual Bred During Test	Oil - Bbls.				Water - Bbl	<u> 0012</u>	9 1990	GM- MCF		
Actual Prod. During Test	Ou - Bolk	•						<u></u>		
GAS WELL						OIL CC				
Actual Prod. Test - MCT/D	Leagth of	Test			Bbls. Conde	anic/MMDHS	)I., S	Gravity of	Condensate	e de la companya de l
Testing Method (pitot, back pr.)	Tubing Pr	essure (Shu	at-un)		Casing Pres	sure (Shut-ia)		Choke Size		
resums recursos (pares, mock pr.)			- •			·				
VI. OPERATOR CERTIFI	CATE OF	COM	PLIA	NCE		OIL CO	NCEDV	ATION	DIVISIO	NC
I hereby certify that the rules and reg	gulations of the	Oil Consc	rvation		-		NOENV			J14
Division have been complied with an is true and complete to the best of m			TER MOUV	•	Dat	e Approvi	ed	OCT 25	1990	
11,1.00	-				Dat	o whhinai			1	,
_ W.P. Whiley	<u>-</u>				By.		3		Vrang	
Doug W. Whaley, Sta	ff Admin	. Šupe	rviso	or			SUPE	NOSIVE	DISTRICT	/3
Printed Name October 22, 1990			Title 830-4	4280	Title	9				
Date			lephone i		11					

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.
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Submit 5 Copies
Appropriate District Office
DISTRICT J
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

# OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

se No.			
2711			
Line			
County			
()			
<i>(</i> )			
Diff Res'v			
<u> </u>			
Tubing Depth			
NT			
s.)			
<u> </u>			
N			
N			
)N			
)N			

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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DISTRICT!
P.O. Box 1980, Hobbs, NM 85240

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

000 Rio Brazos Rd., Azlec, NM 87410	REQ			_		AUTHORI ATURAL G	AS			
Operator AMOCO PRODUCTION COMPA	NY						l l	<b>API No.</b> 0045 <b>0</b> 990	6	
P.O. BOX 800, DENVER,	COLORA	DO 802	01							
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oil Casinghe		n Transpo Dry Ga Conder		0	thet (Please expl	ain)			
change of operator give same nd address of previous operator										
I. DESCRIPTION OF WELL	AND LE	<del>,</del>	Do at M	lana lanta 4	F		P:-4			No.
FLORANCE /G/		Well No.			ing Formation IESAVERI			of Lease DERAL	1	12711
Unit Letter	. :	1850	_ Feet Fr	rom The	FNL	ne and	990 Fe	et From The	FEL	Line
Section 3 Township	30	ON	Range	8W		NMPM,	SA	N JUAN		County
II. DESIGNATION OF TRAN  Varie of Authorized Transporter of Oil  NER IDITIAN OIL INC.		er OF O	nsate	D NATU	<b>Address (G</b> 3535	ive address to wi EAST 30TH	STREET	, FARMII	NGTON, N	M 87401
Name of Authorized Transporter of Casing SUNTERRA GAS GATHERING	CO.				P.O.	BOX 1899,	BLOOME	TELD, N		1
( well produces oil or liquids, ve location of tanks.	Unit	Sec.	Twp	Ryc.	is gas actua	lly connected?	When	7		
this production is commingled with that f V. COMPLETION DATA	from any ot	_,								
Designate Type of Completion	- (X)	Oil Well	\	Gas Well	New Wel	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Corr	pl. Ready L	o Prod.		Total Depth	1		P.B.T.D.		
levations (DF, RKB, RT, GR, etc.)	Name of I	Producing F	Ontalion		Top Oil/Gai	Pay		Tubing Dep	ıh	
erforations	L				1			Depth Casin	g Slice	
10.50.5					CEMENT	ING RECOR		1 .	SACKS CEM	ENT
HOLE SIZE		SING & TI	UBING	DIZE.		DEPTH SET			SACKS CEM	
. TEST DATA AND REQUES	TEOP	ATLOW	ARIE							
IL WELL (Test must be after relate First New Oil Rus To Tank		otal volume		oil and musi		or exceed top allo Method (Flow, p			for full 24 hou	rs.)
ab of Trans					Casing Pres	<u>ee e e</u>	1 1 1 1	Choke Size		
ength of Test	Tubing Pr	essur			Ù	<b>नम्</b> ६७ ।क ह	U I			
Actual Prod. During Test	Oil - Bbls	•			WateVI- Bibl	FEB25	1991	Gas- MCF		
GAS WELL					O	IL CON	. DIV.	<del></del>	<del></del>	<del></del>
Actual Prod. Test - MCI/D	Leagth of	Test			Bbls. Conde	mac MYST.	3	Gravity of C	condensate	,
esting Method (puot, back pr.)	Tubing Pr	essure (Slau	t-in)		Casing Pres	eure (Shut-ia)		Choke Size		
I. OPERATOR CERTIFIC.  I hereby certify that the rules and regulation have been complied with and the rules.	ations of the	Oil Conse	rvation			OIL CON				N
is true and coraplete to the best of my h	unowiedge a	and belief.			Dat	e Approve	od	EB 2 5	ומטו	
Signature Whaley, Staff	· A.J	``		<del></del>	Ву.		3.1	> el		
Doug W. Whaley, Staff Printed Name February 8, 1991	Admin		rviso Tide 830-4		Title	9	SUPERI	/ISOR DI	STRICT I	3
Date			cphone N		11					

- 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.
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DISTRICT 1
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#### State of New Mexico Energy, Minerals and Natural Resources Department

Furm C-104 Revised 1-1-89 See Instructions at Buttern 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

OO RIO BIZZOS K.C., AZZEC, NM 8/410	HEU	JEST FO	OR A	LLOWAE	BLE AND AND NA	AUTHORI TURAL G	IZATIC AS	ON				
)perator		.0 1117		J J.				Vell A	1 No. 0450990	6		
AMOCO PRODUCTION COMP					<del></del>			300	1430990	0		
P.O. BOX 800, DENVER,		00 8020	1		<u></u>	res (l'Iease expi	lain					
Reason(s) for Filing (Check proper box)		Change in	Transı	porter of:		act (t temps exte	<i></i>					
Recompletion	Oil	~~~	Dry C									
Change in Operator	Casingho	ad Gas []	Cond	ensate 🔼	<u></u>							
change of operator give name												
I. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name FLORANCE /G/		Well No.		<b>Name, Includ</b> ASIN (Da	in <b>g Formation</b> AKOTA)	•		Kind of FEI	Lease DERAL	İ		<b>≤e No.</b> 12711
Location												
Unit Letter	:	1850	Feat	From The	FNL Li	ne and	990	Fee	From The		FEL	Line
Section 3 Towns	hip 3	ON	Rang	e 8W		ІМРМ,		SAI	JUAN			County
II. DESIGNATION OF TRA	NCPORT	ER OF O	II. Al	ND NATI	RAL GAS							
Name of Authorized Transporter of Oil		or Conder	in the		Address (G	we address to w	vhich app	roved	opy of this f	orm is to	be sen	0
MERIDIAN OIL INC.						EAST 30T						
Name of Authorized Transporter of Case EL PASO NATURAL GAS	inghead Gas COMPANY		or Di	ry Gas 🗀		BOX 1492						''
If well produces oil or liquids,	Unit	Sec.	Twp	Rge		By connected?		When				
ive location of tanks.  This production is commingled with the	at (gogg any of	her lease or	pool.	give commins	ling order aur	nber:						
V. COMPLETION DATA			<b>,</b> ,							-,		1500
Designate Type of Completio	n - (X)	Oil Well	<u> </u>	Gas Well	New Wel	Workover	Dec	pea	Plug Back	Same R	es'v	Diff Res'v
Date Spudded		npl. Ready I	o Prod		Total Depth	1			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing F	onnati	06	Top Oil/Ga	Pay			Tubing De	pth		
Perforations		<del></del>							Depth Cass	ng Shoe		
		== 1 <b>=</b> 177 =			CELELIS	THE RECO	PD.					·
100 5 00 17		TUBING ASING & T			CEMENT	ING RECO				SACKS	CEME	NT
HOLE SIZE		nono a 1	JU114	- VILE								
									<b></b>			
V. TEST DATA AND REQU	EST FOR	ALLOW	ABL	E							24.1	
OIL WELL (Test must be after	r recovery of	total volume	e of loc	ad oil and mu	St be equal to	or exceed top a Method (Flow,	Dump #	for this	depth or be	t for jul a	4 AOW	3.)
Date First New Oil Rua To Tank	Date of 1	est			, jumang	ration.	N		m			
Length of Test	Tubing P	Tessure			Casing	WE WE	1	117	Charle Siz	e		
Actual Prod. During Test	Oil - Bbl	<u> </u>		<del></del>	Water HB	FEB2	5 199	1	Gas- MCF			
Arms tion build the					1				ــــــــــــــــــــــــــــــــــــــ			
GAS WELL					Table Co.	OIL CC	N.	<b>U14</b>	Gravity of	Condens	ale	
Actual Prod. Test - MCF/D	Leagth o	May Test			Boil. Code	KURNE ANDE	31. 3		, 0			<u>.</u>
Testing Method (pitot, back pr.)	Tubing I	Pressure (Sh	ul-in)		Casing Pro	ssure (Shut-in)			Choke Siz	LE .		
VI. OPERATOR CERTIF	ICATE C	F COM	PLI	ANCE		OIL CC	NSE	RV	ATION	I DIV	ISIC	N
I hereby certify that the rules and re Division have been complied with is true and complete to the best of	and that the in	formation g	IVED BE	oove oove		-			FEB 2 :			
is true and complete to the best of t	, managed Re	, many overed.			∥ Da	ite Approv	ved _			1		
LIP. Whiley					Ву			مندة	د). ∈	Ham	<u>{</u>	
Doug W. Whaley, Sta	aff Admi	n. Supe	ervi Tid	sor	Tit	le	SI	JPEF	VISOR	DISTR	IICT	13
February 8, 1991				1-4280 ne No.	'"							
Date					11							

- 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
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  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.