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Appropriate District Office
DISTRICT 1
PART 1980, Hobbs, NM 88240

State of New Mex Energy, Minerals and Natural Rest

partment

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

P.O. Box 1980, 11000s, NM 88240	OIL CONSERVA	ATION DIVISION	•
DISTRICT II P.O. Drawer DD, Anesia, NM 88210	<b>9 9</b>	ox 2088	
	Santa Fe, New M	exico 87504-2088	
DISTRICT. III 1000 Rio Brazas Rd , Azec, NM 87410  REQUEST FOR ALLOWABLE AND AUTHORIZATION			
ī.	TO TRANSPORT OIL	L AND NATURAL GAS	
Operator		Well	API No.
Amoco Production Comp	any	3004	522146
Address 1670 Broadway, P. O.	Box 800, Denver, Colorad	lo 80201	
Reason(s) for Filing (Check proper box)		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion 1	Oil L Dry Gas L		
Change in Operator	Casinghead Gas [ Condensate [ ]		
If change of operator give name and address of previous operator Tenneco Oil E & P, 6162 S. Willow, Englewood, Colorado 80155			
II. DESCRIPTION OF WELL	AND LEASE		
Lease Name	Weil No.   Pool Name, Include	ing Formation	Lease No.
FLORANCE	48A BLANCO (MES	-	RAL SF078385
Location	The state of the s		1.12
Unit Letter	: 1060 Feet From The FS	L Line and 1680 Fe	set From The FEL Line
Section 23 Townshi	ip 30N Range8W	, NMPM, SAN J	UAN County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Oil or Condensale Address (Give address to which approved copy			
CONOCO		P. O. BOX 1429, BLOOMFI	
Name of Authorized Transporter of Casin		Address (Give address to which approved	
SUNTERRA GAS GATHERING		P. O. BOX 1899, BLOOMFI	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected? When	17
r		1:	
IV. COMPLETION DATA	from any other lease or pool, give comming	ang order number:	
Decianate Time of Consistion	Oil Well Gas Well	New Well   Workover   Deepen	Plug Back Same Res'v Diff Res'v
Designate Type of Completion		Total Depth	l <sub>12212</sub>
Date Spankled	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
			'
	TUBING, CASING AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
   Winderson   Walta Cardon Developed	T END ALLOWADIE	1	
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FUR ALLUWABLE recovery of total volume of load oil and must	he equal to an except ton allowable for this	s death or he for full 24 hours
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, e	
		7	•
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
		]	J
GAS WELL			
Actual Prod. Test - MCI/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Medical (pilot, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shut in)	Choke Size
	I	\	. <b> </b>
VI. OPERATOR CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
There's critical and the file of the control of the			ATION DIVISION
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			
Date Approved MAY 08 1989		Y 08 1989	
U. L. Humotan		Λ .	
Signature Signature		By Shang	
Pointed Name Janaury 16, 1989	Title 303-830-5025	Title SUPERVISION DISTRICT # 3	
	303 030 3023	11	

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

Date

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.

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.