Appropriate Unitrict Office
DISTRICT 1
P.O. Box 1980, Hobbit NM 88240

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

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

OIL CONSERVATION DIVISION

Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

P.O. Box 2088

Santa Fe,	New	Mexico	87504-2088

I.				ABLE AND AUTH OIL AND NATURA		NC			
Operator						Well API No.			
Amoco Produc			F						
Reason(s) for Filing (Check proper box)	Stree	±+,	Farmin	3ton NO	N 874	101			
New Well	(Transporter of:	- 60	• •				
Recompletion	Oil Casinobead		Dry Gar L Condensate X		7-1 01				
If change of operator give name and address of previous operator	- Casting treat		Condensate NZ		 -		<u> </u>		
II. DESCRIPTION OF WELL	AMD LEA						• •		
Lease Name Well No. Pool Name, Include			iding Formation		Kind of Lease	Lease No.			
Callegos Canyon Unit	t Com	94E	Basin_	Dakata	!	State, Federal of Fee			
Unit Letter A: 900 Feet From The N Line and 790 Feet From The E Line									
Section 23 Township	P 29N		Range 13	ω, NMPM,	Sar	Juan	County		
III. DESIGNATION OF TRAN	SPORTER	OF OI	L AND NAT	URAL GAS			•		
Name of Authorized Transporter of Oil	LJ	or Condens	ale 🖂	1		roved copy of this form	-		
Name of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address	P.O. Box 4289, Farmington NM 87499 Address (Give address to which approved copy of this form is to be sent)				
Amaca Production If well produces oil or liquids,		iec.	Iwp. Rgs		10+b St		n Nm 87401		
give location of tanks.	i_Ai_	a3 1	WELLARE	Yes		6-11-81			
If this production is commingled with that to IV. COMPLETION DATA	from any other	lease or p	ool, give commin	gling order number:					
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well Works	over Deep	en Plug Back San	ic Res'v Diff Res'v		
Date Spudded	Date Compl.	Ready to I	Prod.	Total Depth	l	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth	6.2			
Perforations						Depth Casing She	3.6		
			The state and a state of the st						
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			CEMENTING RECORD DEPTH SET		PACKS CENTER			
	Original Topina Size		DEF II	DEPTH SET		SACKS CEMENT			
					· · · · · · · · · · · · · · · · · · ·				
V PROPENDE AND AND HAZZER									
V. TEST DATA AND REQUES OIL WELL (Test must be after re				to be could be or decate	ton allowable fo	e this depth or he for fir	JI 24 hours 1		
Date First New Oil Run To Tank	Date of Test			Producing Method (F)	be equalified or free ed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)				
Length of Test	Tubing Press	Tubing Pressure		Casing Pressbic?	0	Dioke Size	Dioke Size		
Actual Prod. During Test				Oji - 1009 10					
retual Flot. Duling 1480	Oil - libis.			Water - libis	Long	Gas- MCF			
GAS WELL					# 0 /		da a j		
Actual Prod. Test - MCF/D	Length of Test		lible. Condensate/MMCF		Gravity of Conde	Gravity of Condensate			
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shul-in)		Choke Size	Choke Size			
VI. OPERATOR CERTIFICA					- ONGED	VATION DI\	/ICION		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				ONSER	WATION DIV	/151UN			
is true and complete to the best of my knowledge and belief.			Date Approved APR 0.3 1989: 11						
				7 3 0 10 11					
Signature Adm. Supr			By 3.0. Change #8						
1 HIG.			Supervision district #3						
3-29-89 (5	05) 32!	7-88	one No.						
			MAIL HOST FOR MESSETTECTS	Language Property and Parket		May Commission & Commission			

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

- · 4400 · 1416 · 1 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111. 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.

- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.