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

State of New M Energy, Minerals and Natural R-

Department

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

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210		30x 2088 Mexico 87504-2088	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	· · · · · · · · · · · · · · · · · · ·	BLE AND AUTHORIZATION	1
1.	TO TRANSPORT O	L AND NATURAL GAS	CADING.
Operator Amoco Production Compa	any		1 API No. 4524761
Address 1670 Broadway, P. O. F	Box 800, Denver, Colora	do 80201	
Reason(s) for liling (Check proper box)	on dod, penter, doron	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion []	Oil Dry Gas		
Change in Operator	Casinghead Gas Condensate		
If almost of transfer also are the	neco Oil E & P, 6162 S.	Willow, Englewood, Col	orado 80155
IL DESCRIPTION OF WELL			
Lease Name	Well No. Pool Name, Inclu		Lease No.
PATTERSON	n BASIN (DAK	JIA) FED	ERAL SF078578
Location	1630 Feet From The	SL Line and 1090	Feet From The FEL Line
Unit Letter			
Section 20 Township	p ^{30N} Range ^{8W}	, NMPM, SAN	JUAN County
III. DESIGNATION OF TRAN			
Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approv	ed copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) EL PASO NATURAL GAS COMPANY P. O. BOX 1492, EL PASO, TX 79978			
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rg		en 7
If this production is commingled with that from any other lease or pool, give commingling order number:			
IV. COMPLETION DATA			
Designate Type of Completion	Oil Well 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.
Elevations (DF, RKB, RF, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	<u> </u>		Depth Casing Shoe
	TUBING, CASING ANI	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	PE PAN ALL AND BLE		_
V. TEST DATA AND REQUES	SI FOR ALLOWABLE	the second secon	this doubt on he for full 24 hours
	ecovery of total volume of load oil and mu Date of Test	Producing Method (Flow, pump, gas ly	
		10.111	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL			
Actual Prod. Test - MCF/D		1801-6-1-1-1-1-1-6-6	Gravity of Condensate
	Length of Test	Bbls. Condensate/MMCF	1
Testing Method (pilos, back pr.)	Length of Test Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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

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.

J. L. Hampton Ponted 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 with Rule 111.

Date Approved

Title_

OIL CONSERVATION DIVISION

MAY 08 1989

SUPERVISION DISTRICT # 3

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

Sr. Staff Admin. Suprv... Tute 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.