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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 Buttom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DALLOWADI E AND ALITHODIZATION

· · · · · · · · · · · · · · · · · · ·				AND NATURAL GA					
)perator	ALL TALL OF THE OF	Well A	Well Al'I No.						
Amoco Production Com		3004509239							
Address 1670 Broadway, P. O.		nver,	Colorado		:				
Reason(s) for Filing (Check proper box)		e in Trans	sporter of:	Other (Please explan	in)				
tecompletion []	Oil	Dıy	Gas 🔲						
hange in Operator	Casinghead Gas								
in address to previous operator		& P,	6162 S. V	Villow, Englewood	i, Color	ado 801	55		
I. DESCRIPTION OF WEL		No Pool	Name Includir	ne Formation			Le	ase No.	
Lease Name STEWART LS	3	Well No. Pool Name, Includi 3 BLANCO (MES			FEDE	FEDERAL		NM003566	
Ocation A Unit LetterA	990	Feet	FNI From The	L Line and 990	Fo	et From The	EL	Line	
	ship 30N		ge10W	, NMPM,	SAN J	UAN		County	
11. DESIGNATION OF TRANSPORTER OF OIL  C 5 1		ndensate	ά	Address (Give address to wh					
Vanue of Authorized Transporter of Casinghead Gas [] or Dry Gas EL PASO NATURAL GAS COMPANY			Ory Gas X	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1492, EL PASO, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit Sec.	Tw <sub>l</sub>	p. Rge.	Is gas actually connected?	When	7			
I this production is commingled with the	hat from any other leas	e or pool,	give comming	ing order number:					
V. COMPLETION DATA	loit	Wall I	Gas Well	New Well   Workover	Deepen	Plug Back S	Same Res'v	Diff Res'v	
Designate Type of Completion		WEH	, Gar Well	i i	L			<u>i</u>	
Date Spudded	Date Compl. Rea	dy to Pro	d,	Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay	Tubing Depth	Tubing Depth			
Perforations	<u>L</u>			I		Depth Casing	Shoe		
	TIRI	NG CA	SING AND	CEMENTING RECOR	D				
HOLE SIZE	CASING			DEPTH SET	SACKS CEMENT				
						]			
V. TEST DATA AND REQU	EST FOR ALLO	)WABI	LE	be equal to or exceed top all	owable for the	is denth or be fo	or full 24 hou	rs.)	
OIL WELL (Test must be aft Date First New Oil Run To Tank	Date of Test	iwne oj to	aa oii ana misi	Producing Method (Flow, pr	ump, gas lýi,	elc.)			
			·			165 5 6			
Length of Test	Tubing Pressure			Casing Pressure	Choke Size				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.	Gas- MCF				
GAS WELL									
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF	Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-in)	· · · · · · · · · · · · · · · · · · ·	Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIF	ICATE OF CO	MPLI	ANCE	\					
I hereby certify that the rules and r	egulations of the Oil C	onservatio	on	OILCOM	NSERV	AHON	אפועוכ	אוכ	
Division have been complied with is true and complete to the best of	and that the information	n given a	bove	Date Assessed		MAY 08	1000		
is true and complete to air oest of				Date Approve	90 <u> </u>	/	<u> </u>		
4. 7. Han	noton			Ву	3	4). Bl	may !		
Signature J. L. Hampton	Sr. Staff A	lmin.	Suprv.		SUPER	VISION D	STRICT	# 3	
Printed Name		Ti	ule 0-5025	Title					
Janaury 16, 1989		Telepho							

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