Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 Bottom of Page

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 OIL CONSERVATION DIVISION
P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, New Mexico 87504-2088

| OOO RIO BIANA RO., Maee, | | | | - | | | AND NA | | | _ | | | | |
|--|---|----------------------|--------------|------------|---|---------------------------|---|---------------|----------|-----------------|---------------|-----------------|------------|--|
| . TO TRANSPORT OIL | | | | | | | | Well API No. | | | | | | |
| Amoco Production Company | | | | | | | 3004525558 | | | | | | | |
| ^{Address} 1670 Broadway, | P. O. B | ox 800 |), Denv | er, | Co | lorad | o 80201 | | | | | | | |
| teason(s) for lilling (Check | proper box) | | | | | | Oth | er (Please | expla | rin) | | | | |
| lew Well | <u> </u> | | Change in | • | • | er of: | | | | | | | | |
| ecompletion | | Oil Carinahar | | Dry | | ر_) | | | | | | | | |
| hange in Operator 1.2 change of operator give na | | | ad Gas | | | | | | | | | | | |
| d address of previous oper | | eco Oi | 1 E & | Р, | 616 | 2 S. | Willow, | Engle | woo | d, Colo | rado 80 |)155 | | |
| . DESCRIPTION O |)F WELL / | ND LE | | [0 | . Na. | | na Eumatica | | | | | | case No. | |
| ease Name | | Well No. | | | | _ | ng Formation ITLAND) | | | FEDE | DAT | | 0244 | |
| CIDDLE ocation | | | H9 | рын | ичее | Trko | II LAND) | | | T EDE | ML | 1 51 00 | 0244 | |
| Unit Letter | | 16 | 50 | _ Fee | t Fron | n The FN | LLin | and <u>18</u> | 10 | Fe | et From The | FEL | Line | |
| Section 21 | Township | 30N | | Ran | nge9W | 1 | , N | мрм, | | SAN J | UAN | | County | |
| | | | | | | | | | | | | | | |
| I. DESIGNATION tame of Authorized Transp C | | SPORTE | or Conde | | | X) | RAL GAS Address (Giv | e address | lo wh | iich approved | copy of this | form is to be s | eni) | |
| lame of Authorized Transp | | | | | | | | | | orm is to be s | eru) | | | |
| EL PASO NATURAL well produces oil or liquid | PANY Unit | Twp. Rge. | | | P. O. BOX 1492, EL PASO Is gas actually connected? When | | | | | | | | | |
| ve location of tanks. | | 1 | <u> </u> | l | 1 | | | | | | | | | |
| this production is commin /. COMPLETION | | rom any ou | | | | | | | | | | ······ | | |
| Designate Type of C | Completion - | · (X) | Oil Wel | ii | Ga | s Well | New Well | Worko | ver | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| ate Spudded | Date Compl. Ready to Prod. | | | | | Total Depth | | | | P.B.T.D. | | | | |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | | Top Oil/Gas Pay | | | | Tubing Depth | | | | |
| erforations | | L | | | | | l | | , | | Depth Casi | ng Shoe | | |
| | | | TIDING | - CA | CINI | C AND | CEMENT | NC: DE | COR | <u>n</u> | <u> </u> | | | |
| LIOUT BYE | | CASING & TUBING SIZE | | | | | DEPTH SET | | | | SACKS CEMENT | | | |
| HOLE SIZE | | | 13110 0 1 | OBIN | 10 31 | · | | <u> </u> | <u> </u> | | | #127112477 #11 | .=: | |
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| | | | | . 7 25 2 | | | l | | | |] | | | |
| TEST DATA AN | | | | | | land mus | he equal to o | arceal t | on all | oursble for the | s denth or he | for full 24 ha | ws) | |
| 11, WELL (Test must be after recovery of total volume of load oil and must rate First New Oil Run To Tank Date of Test | | | | | | | Producing Method (Flow, pump, gas lift, etc.) | | | | | | | |
| | | | | | | | | | | | Choke Size | | | |
| ength of Test | th of Test Tubing Pressure | | | | | | Casing Pressure | | | | CHORC SIZE | | | |
| ctual Prod. During Test | ll Prod During Test Oil - Bbls. | | | | | | Water - Bbls. | | | | Gas- MCF | | | |
| AS WELL | | l . | | | | | 1 | | | | L | | | |
| actual Prod. Test - MCI/D | | Length of | Test | | | | Bbls. Conder | sate/MM | ICF | | Gravity of | Condensate | | |
| THE WING A ZERTITE F | of, back or.) Tubing Pressure (Shut-in) | | | | <i>-</i> | Casing Pressure (Shut-in) | | | | Clicke Size | | | | |
| ing Method (pitot, back pr.) Lubing Pressure (Shul-in) | | | | | | | , | | | L. | | | | |
| I. OPERATOR C | ERTIFIC | ATE O | F COM | PLL | ANG | CE | |)II (| `^^ | ICEDIA | ATION | DIVICI | ^N | |
| I hereby certify that the | | | | | | | 11 ' | JIL (| ران, | NO⊏U ∧ | MIJON | DIVISIO | JIN . | |
| Division have been com | | | | ven al | bove | | li . | | | L. | NV no + | 000 | | |
| is true and complete to t | ne best of thy k | nowicoge : | aisu vellei. | | | | Date | Appı | ove | d | AY 08 1 | 484 | | |
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| Signature | iwny | go con | <u> </u> | | | | ∥ By_ | | | | . 👊 | ~ | | |
| J. L. Hampton | Sr | Staf | f Admi | n. Titl | | rv. | | | 8 | UPERVIS | ION DIS | TRICT # | 5 | |
| Printed Name Janaury 16, 19 | 89 | | 303- | | | 25 | Title | | | | | | | |
| Date | | | | lephor | | | | | | | | | | |

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

- 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.