Submit 5 Copies Appropriate District Office DISTRICT J P.O. Box 1980, Hobbs, NM 88240 DISTRICE II P.O. Drawer DD, Artesia, NM 88210

## State of New Mexico Energy, Minerals and Natural Resources Department

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

**OIL CONSERVATION DIVISION** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	DECHECT	·	DIE AND		7471011				
I.		FOR ALLOWA ANSPORT OF							
Operator						Well API No.			
Amoco Production Company Address				3004509847					
1670 Broadway, P. O.	Box 800, Den	ver, Colorad							
Reason(s) for Filing (Check proper box)     New Well [ ]	Change	in Transporter of:	Oth	er (Please expla	iin)				
Recompletion [ ]	·	Dry Gas							
Change in Operator	Casinghead Gas	Condensale []	_						
If change of operator give name and address of previous operator. Ten:	neco Oil E &	P, 6162 S.	Willow,	Englewoo	d, Colo	rado 80	155		
II. DESCRIPTION OF WELL									
Lease Name		ing Formation			F. J. Lease No.				
AZTEC COM 4	1	AZTEC (PICT	TURED CLIFFS)		STATE		STATE		
Unit Letter K	: 1450	Feet From The ES	L Line	and 1650	Fe	et From The _	FWL	Line	
Section 2 Townshi	p 30N	Range 11W		4PM,	SAN J	UAN		County	
III. DESIGNATION OF TRAN									
Name of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X ] EL PASO NATURAL GAS COMPANY				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,		X 1492,	EL PASO When		978				
give location of tanks.	İ., . İ	Twp.   Rge.	]·		i				
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	r pool, give comming	ing order numb	er:					
Designate Type of Completion	- (X)   Oil Wel	I Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth		l l	P.B.T.D.		_1	
Flevations (DF, RKB, RT, GR, etc.)	Name of Producing F	Top Oil/Gas Pay			Tubing Depth				
Perforations						Depth Casing Shoe			
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE						DANIO OFICE			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE	l			l			
OIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of total volume	of load oil and must					r full 24 how	rs.)	
Contribution on Roll to Talik	Date of Test		Producing Met	noa ( <i>i tow, pu</i> n	rup, gas iyi, ei	c.)			
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.	Waler - Bbls.			Gas- MCF				
GAS WELL	1					l			
Actual Prod. Test - MCI/D Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
Lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut in)			Qioke Size			
VI. OPERATOR CERTIFICA				II CON	CEDV	TIONE	1111010	. N. I	
I hereby certify that the rules and regula Division have been complied with and the				IL CON	SEHVA	HONL	11/15IO	)I/I	
is true and complete to the best of my k			Date	Approved	}				
1 1 21 st.				MAY 08 1999					
Signature J. Olamy	Ву								
J. L. Hampton Sr.	Staff Admir				( مساط	. The	<b>~</b>		
Printed Name Janaury 16, 1989	303-1	Title 330-5025	Title_		JPERVIS	ION DIST	RICT#	<b>s</b>	

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.

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.