Submit 5 Copies
Appropriate District Office
DISTRICT.1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mex Energy, Minerals and Natural Res

_ epartment

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 (XO) Rio Brazos Rd., Aziec, NM 87410	REQUEST F	OR ALLOWAE	BLE AND A	AUTHORIZ	ZATION				
. TO TRANSPORT OIL				AND NATURAL GAS WEILAPI No.					
Amoco Production Compa	3004510884								
Address 1670 Broadway, P. O. I	Box 800, Den	ver, Colorad		(D)					
Reason(s) for Tiling (Check proper box)	Change	in Transporter of:	[_] Othe	t (Please expla	un)				
New Well Recompletion		Dry Gas							
Change in Operator		Condensate []			ar 15 15 15 15 15 15 15 15 15 15 15 15 15				
change of operator give name and address of previous operator. Term	neco Oil E &	P, 6162 S.	Willow,	Englewoo	d, Color	ado <u>801</u>	55		
L. DESCRIPTION OF WELL Lease Name	DESCRIPTION OF WELL AND LEASE ave Name Well No. Pool Name, Including			ng Formation			Lease No.		
AN JUAN 32-9 UNIT 15 BLANCO (MES.						RAL 820803760		3760	
ocation Unit LetterL	1650	Feet From The FS	<u>I.</u> Line	and 990	Fce	t From The _	WL	Line	
Section 9 Township	p31N	Range9W	, NI	ирм,	SAN JU	JAN		County	
II. DESIGNATION OF TRAN		oil and natu	RAL GAS						
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)								
me of Authorized Transporter of Oil [] or Condensate [] DNOCO			P. O. BOX 1429, BLOOMFIELD, NM 87413 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing		or Dry Gas. [X_]	1	X 1492,	• • •			,	
EL PASO NATURAL GAS COL	Unit Sec.	Twp. Rge.	ls gas actuall	y connected?	When				
ive location of tanks.	i i	. I							
this production is commingled with that V. COMPLETION DATA	from any other lease	or pool, give comming							
Designate Type of Completion	(V)	ell Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Speakled	Date Compl. Ready	to Prod.	Total Depth	I		P.B.T.D.		_1	
Pate Of Miloco	,								
levations (DF, RKB, RI, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations	.h		1			Depth Casing	Shoe		
	7710186	G, CASING AND	CEMENTI	NG RECOR	ıD.	<u> </u>			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
V. TEST DATA AND REQUE	T ST FOR ALLOY	VABLE	J						
) IL WELL (Test must be after)	recovery of total volu	me of load oil and mus	i be equal to or	exceed top all	owable for thu	depth or be for	or full 24 hou	rs.)	
Date Firs New Oil Run To Tank	Date of Test	AND 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Producing M	ethod (Flow, p	ump, gas liji, e	ic.)			
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls,		Water - Bbis.		Gas- MCF				
GAS WELL	_1								
Actual Prod. Test - MCF/D	Length of Test	Bbls. Conde	Bbls, Condensate/MMCF			Gravity of Condensate			
Testing Method (patot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC	CATE OF CON	MPLIANCE			MCEDV	ΔΤΙ <u>ΟΝΙ</u>	חואופות	 ЭМ	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.				a Approve	ed1	80 YAN	MAKA		
J. L. Han	D.		3). El					
Singure Singure	By_		SUPERV	ision di	STRICT	#3			
J. I. Hampton S Printed Name Janaury 16, 1989	r. Staff Adm	Title 3-830-5025	Title)					
Date	And a second second second	Telephone No.							

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 filled for each pool in multiply completed wells.