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

DISTRICT II PO Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

State of New Me.

Energy, Minerals and Natural Res

Santa Fe, New Mexico 87504-2088

_epartment

P.O. Box 2088

	Form C-104				
1	Revised 1-1-89				
1	See Instruction				
	at Bottom of P				
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DISTRICT III 1000 Rio Brazas Rd., Aziec, NM 87410		UEST FO	OR ALLOWA	BLE AND AUTHOR						
I. Operator		10 THA	NSPORT OI	LAND NATURAL C		API No.				
Amoco Production Compa		3004521882								
1670 Broadway, P. O. 1	Box 800), Denve	er, Colorad							
Reason(s) for Filing (Check proper box)		Change in	T-manadas afi	Other (Please exp	olain)					
New Well _	Oil		Transporter of:							
Change in Operator			Condensate							
If change of operator give name and address of previous operator Tens	neco Oi	11 E & I	P, 6162 S.	Willow, Englewo	od, Colo	rado 8015	5			
IL DESCRIPTION OF WELL	AND LE		·					N-		
Lease Name FLORANCE		1 1	Pool Name, Includ	TURED CLIFFS)	FEDE	DAT	SF086	ease No.		
Location		Pn	PLANCO (IIC	TOKED CLIFFS)	TEDE	IVAL	Droo	JU4		
Unit LetterJ	. 18	350	Feet From The FS	L Line and 1650	Fe	et From The F	EL	Line		
Section 13 Township	p30N		Range9W	, NMPM,	SAN J	UAN		County		
III. DESIGNATION OF TRAN	SPORTE					, -				
250	ame of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1429, BLOOMFIELD, NM 87413					
Name of Authorized Transporter of Casing	phead Gas	1-1	or Dry Gas [X]	Address (Give address to				ent)		
EL PASO NATURAL GAS CON	-		0, 5, 522 <u>[A</u>]	P. O. BOX 1492,				, 		
If well produces oil or liquids, give location of tanks.	Unit 	Sec.	Twp. Rge.	is gas actually connected?						
If this production is commingled with that IV. COMPLETION DATA	from any oti	her lease or p	pool, give comming	ling order number:						
Designate Time of Completion	(V)	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v		
Designate Type of Completion Date Spudded		pl. Ready to	Prod	Total Depth	<u> </u>	P.B.T.D.				
Date Spicialed	Date Com	ipi. Keady to	1104	Tom Depar		P.B. 1.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of I	roducing Fo	rmation	Top Oil/Gas Pay		Tubing Depth	Tubing Depth			
Perforations				4		Depth Casing S	hoe			
		TURING	CASING AND	CEMENTING RECO	RD.	<u> </u>	-			
HOLE SIZE	1		BING SIZE	DEPTH SE		SAC	CKS CEM	ENT		
			. D. 7							
V. TEST DATA AND REQUES OIL WELL (Test must be after to				t be equal to or exceed top as	llaumble for thi	e donth or he for	full 24 hou	re l		
Date First New Oil Run To Tank	Date of Te		ny ioda on ona misi	Producing Method (Flow,)			141, 27 7,04			
Length of Test	Tubing Pro	essure		Casing Pressure	Choke Size					
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.	Gas- MCF					
GAS WELL	J			J		J				
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF	Gravity of Condensate					
Festing Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC				01.00	NGEDV	ATION DI	\/ ¢)NI		
I hereby certify that the rules and regular Division have been complied with and	that the info	ormation give			NOENV	ים אוטו זיי	VIOIC	/1 %		
is true and complete to the best of my l	nowledge a	und belief.		Date Approv	ed	1AY 08 191	39			
	ptor	· ·		Ву	3_1	> de	/			
Signature J. L. Hampton Sr Printed Name	. Staf	£_Admin	Suprv.		SUPERVI	BION DIST	RICT A	13		
Janaury 16, 1989			30-5025 phone No.	Title						

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
- All sections of this form must be filled out for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C 104 must be filed for each pool in multiply completed wells.