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

State of New Me Energy, Minerals and Natural Re

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

1.						BLE AND AUTHO					
. TO TRANSPORT OIL AND NATURA							Well API No.				
Amoco Production Company							3004521882				
Address 1670 Broadway, P. O. Box 800, Denver, Colorado											
	Box 800	, Denve	er, (Colo	rad						
Reason(s) for Isling (Check proper box) New Well		Change in	Transre	orter o	r.	Other (Please	ехріаін)				
Recompletion []	Oil		Dry Ga								
Change in Operator	Casinghea	d Gas 🔲	Conde	nsate							
If change of operator give name and address of previous operator Ter	neco Oi	1 E & I	2. 6	162	s.	Willow, Engley	vood. Cole	orado 801	55		
II. DESCRIPTION OF WELL											
Lease Name	AIND LEA		Pool N	laine, I	ncludi	ing Formation			٦ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	ease No.	
FLORANCE		9A BLANCO (MES			-	ERAL	RAL SF08004				
Location	101					T					
Unit Letter	_ :18		Feet Fr	rom 11	e FS	L Line and 165		eet From The _F	EL	Line	
Section 13 Townsh	30N		Range	9W		, NMPM,	SAN	JUAN		County	
	<u> </u>		1,0,,50			1130100				COLINI	
III. DESIGNATION OF TRAI	NSPORTE			D N	ATU			· · · · · · · · · · · · · · · · · · ·			
Name of Authorized Transporter of Oil or Condensate CONOCO						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 Casinghead Gas or Dry Gas X											
SUNTERRA GAS GATHERING						O. BOX 1899, BLOOMFIELD, NM 87413					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	ļ	Rge.	Is gas actually connecte	d? Whe	a ?			
f this production is commingled with that	fmm any oth	er lease or r	not eis	Ve com	minal	ing order number	l				
V. COMPLETION DATA	Thom any our	cricuse or p	, g.·	ve com	aining)	ing older sufficer.					
		Oil Well	10	Gas W	eli	New Well Workov	er Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion		1	l_			Total Depth		.		L	
Date Spudded	Date Comp	i. Ready to	PTOG			rous Depui		P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay	Top Oil/Gas Pay Tubing Depth				
Perforations					l	Depth Casing	Depth Casing Shoe				
								' '			
TUBING, CASING AND					CEMENTING REC	ORD					
HOLE SIZE	CASING & TUBING SIZE					DEPTH S	SA	SACKS CEMENT			
							·· · - · · · - · · -				
							-				
V. TEST DATA AND REQUE											
OIL WELL (Test must be after Date First New Oil Run To Tank			f load o	oil and	musi	be equal to or exceed top			full 24 how	·s.)	
PARE THE PROPERTY OF THE PROPE	Date of Test					Producing Method (Flow, pump, gas lift, etc.)					
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure	Choke Size	Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls	Gas- MCF	Gas- MCF			
	J							J			
GAS WELL Actual Prod. Test - MCF/D	Deput of 1	5				Bbls. Condensate/MMC	e				
Actual Flod. Test - MCF/D	Length of Test					BUIL CURGEDSAILE/MIMIC	Gravity of Cor	Gravity of Condensate			
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				• • • • •	Casing Pressure (Shut-in)		Choke Sim =	Choke Sim		
A OPERATOR CERTIFIC	ATE OF	COMP	IAN	ICE							
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation						OIL CO	ONSERV	ATION D	IVISIC	N	
Division have been complied with and that the information given above											
is true and complete to the best of my knowledge and belief.						Date ApprovedMAY n.s. inca					
(La Hamatan							Ţ	ηση του του Δε			
Signature G. a lawry and						By	3.	> ~//			
	rStaff			prv.			Simes:	RION	· · ·	•	
Printed Name Janaury 16, 1989		303-8	Title 30-51	025		Title	SUPERVI		~ <i>#</i>	<u></u>	
Date			hone N								

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.