Submit 5 Copies Appropriate District Office DISTRICT I 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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 DISTRICT III 1900 Rio Brazas Rd., Aziec, NM 87410

DISTRICT JII 1900 Rio Brazas Rd., Azice, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS
Well API No.

1.		10 IN	MON	UNI	CIL	MIND INA	UMAL OF					
Operator Amoco Production Company							Well API No. 3004522250					
Address 1670 Broadway, P. O.		Donu				90201			JELESTO			
Reason(s) for Filing (Check proper box)	DOX OUC	, Deliv	er, t	2010	cauc		t (l'lease expla	nie l				
New Well		Change in	Transec	orter of:			i (i iewe esyno	,				
Recompletion []	Oil Dry Gas											
Change in Operator X		ad Gas										
W - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	neco Oi	1 E &	P, 61	162 5	5. 1	√illow,	Englewoo	d, Color	ado 80	155		
II. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name		Well No.	Pool N	ame, In	cludi	ng Formation				Le	ase No.	
JACQUES	1A BLANCO (MES				MES	SAVERDE) FEDE			RAL SF077085			
Location												
Unit LetterP	_ :89	95	_ Feet Fr	rom The	FS	L Line	and 1105	Fe	et From The	FEL	Line	
Section 25 Fownshi	p 30N		Range	9₩		, NA	ирм,	SAN J	UAN		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	ISPORTI	ER OF O or Conder		<u>[X]</u>		Address (Give	e address to wh					
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1899, BLOOMFIELD, NM 87413											
SUNTERRA GAS GATHERING		1 6	170							87413		
If well produces oil or liquids, give location of tanks.	ids, Unit Sec. Twp. Rge.					Is gas actually connected? When ?						
If this production is commingled with that IV. COMPLETION DATA	from any ol	her lease or	pool, giv	ve com	ningl	ing order numb	жег:					
Designate Type of Completion	- (X)	Oil Well		Gas We	11	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		ipt. Ready to	o Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations	L					l			Depth Casing	g Shoe		
					ND	CEMENTI	NG RECOR	D				
HOLE SIZE	L CA	ASING & TU	UBING S	SIZE			DEPTH SET		- · · · S	ACKS CEME	:N1	
									ļ			
V. TEST DATA AND REQUES OIL WELL (Test must be after r Date First New Oil Run To Tank		total volume		oil and	must		exceed top allo			or full 24 how	s)	
Length of Test	Tubing Pressure					Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.	·		Gas- MCF				
ALCAPEL I	.1					i			٠			
Actual Prod. Test - MCF/D	Length of Test					libis. Conden	sate/MMCF		Gravity of Condensate			
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressu	ire (Shut-in)		Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						OIL CONSERVATION DIVISION MAY 08 1989						
						Date	Approve	a				
J. L. Hampton							•	(المندة) Oho	/		
Signature O 10000 Com						By_		1102507	יות מחזי	TRICT #	5	
J. L. Hampton Sr. Staff Admin, Suprv.						SUPERVISION DISTRICT # 3						
Janaury 16, 1989			830-5 cphone 1			-						
				النابين								

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.