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 Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE AND AUTHORIZATION

P.O. Box 2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Santa Fe, New Mexico 87504-2088

I.	TOTE	RANSPORT OIL	AND NATURAL GA	Well API No.		
Operator AMOCO PRODUCTION COMPAR	NY			300452228700		
Address P.O. BOX 800, DENVER, O	COLORADO 80	201				
Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate						
If change of operator give name						
and address of previous operator	AND LEACE					
II. DESCRIPTION OF WELL A Lease Name JACQUES	Well N 2A	No. Pool Name, Includ. BLANCO MES	ing Formation SAVERDE (PRORATEI	Kind of Lease GASState, Federal or Fee	Lease No.	
Location D	940	Feet From The	FNL 80		FWL Line	
Unit Letter25	30N	164 11411 116		SAN JUAN	County	
Section Township	2	Range	, NMPM,	DIAN COLLY	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)						
Name of Audultized Transported at Cit					i	
Name of Authorized Transporter of Casing	thead Gas	or Dry Gas		3535 EAST 30TH STREET, FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sens)		
SUNTERRA GAS GATHERING If well produces oil or liquids,	CO. Soc.	Twp. Rge.		BLOOMFIELD, NM 8	7413	
give location of tanks.	ii_	ii		i		
If this production is commingled with that	from any other lease	e or pool, give comming	ling order number:			
IV. COMPLETION DATA	Oil	Well Gas Well	New Well Workover	Deepen Plug Back Sam	e Res'v Diff Res'v	
Designate Type of Completion			Total Depth	P.B.T.D.		
Date Spudded	Date Compl. Read	ay to Prod.	roat popul	F.B. 1, D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			
Perforations	-L			Depth Casing Sh	ue .	
	TUBI	NG, CASING AND	CEMENTING RECO	D . I E		
HOLE SIZE CASING & TUBING SIZE			DEPTH SET		KA CEMENT	
	ļ 		10	HUG2 3 1990	19-	
			10	1 VIIC 3 3 1330		
				No DIA		
V. TEST DATA AND REQUE	ST FOR ALLO)WABLE tune of load oil and mu	si be equal to or exceed top at	Howard or this depit or be for fi	all 24 hours.)	
OIL WELL (Test must be after a Date First New Oil Run To Tank	Date of Test	in the state of th	Producing Method (Flow,)	ownp, gas lift, etc.)		
L. d. of Torr	Tubing Pressure		Casing Pressure	Choke Size		
Length of Test	Tubing Pressure			Gas- MCF		
Actual Prod. During Test	Oil - Bbis.		Water - Bbls.	Gas- Met		
GAS WELL	_1					
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Cond	Carac	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size		
VI. OPERATOR CERTIFIC	CATE OF CO	MPLIANCE	011.00	NCEDVATION D	VISION	
I hereby certify that the rules and regu	lations of the Oil C	Conscrvation	OIL CONSERVATION DIVISION			
Division have been complied with and is true and complete to the best of my	i mai ine information knowledge and bel	ni given above licf.	Date ApprovedAUG 2 3 1990			
N//10.			2 1			
Signature Signature	· · · · · · · · · · · · · · · · · · ·		By Bhand			
Signature Doug W. Whaley, Staff Admin, Supervisor Printed Name Title			Title	SUPERVISOR DIS	STRICT #3	
July 5, 1990	03-830-4280	11110				
Date		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 filed for each pool in multiply completed wells.