Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New Mc 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

OSTRICTAL CO. Drawer DD, Artesia, NM 88210	_	'anta	P.		x 2088 xico 8750	1-2088					
DISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410	REQUEST		•				ZATION				
					AND NAT		AS	API No.			
Operator Amoco Production Compa	moco Production Company							4522368			
Address 1670 Broadway, P. O. F	Вож 800, Den	ver	, Col	orado	80201						
Reason(s) for Filing (Check proper box) New Well	Change	in Tra	nsporter	of:	Othe	r (Please expl	ain)				
Recompletion [7] Change in Operator [7]	-,-] Dr	y Gas								
f change of operator give name nd address of previous operator Tenn	neco Oil E 8	Ρ,	6162	s. v	Villow, I	Englewoo	d, Colo	rado 8	0155		
I. DESCRIPTION OF WELL		-15-					1			ease No.	
Lease Name GARTNER LS	Well No. Pool Name, Including 5A BLANCO (MES.							ERAL			
Location Unit Letter F	: 1515	Fe	et From	The FN	L Line	and 1500		cet From The	FWL	Line	
Section 27 Township	p30N	Ra	nge8W		, NM	IPM,	SAN .	JUAN		County	
II. DESIGNATION OF TRAN				NATUI	RAL GAS	-14	1/ah anna		Corm is to be t		
Name of Authorized Transporter of Oil CONOCO	ter of Oil or Condensate				Addiess (Cive 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		or	Dry Gas	[X]	,				form is to be s	eni)	
EL PASO NATURAL GAS CON If well produces oil or liquids,	MPANY Unit Sec.	ĺΝ	I	Rue	P. O. BO		EL PASO Whe	O, TX 7	9978		
ive location of tanks.	ji.	i_	<u>. i</u> .		L						
this production is commingled with that V. COMPLETION DATA											
Designate Type of Completion	- (X) Oil W	ell	Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Read	to Pr	od.		Total Depth			P.B.T.D.			
levations (DF, RKB, RI, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing De	Tubing Depth		
Perforations								Depth Casi	ng Shoe		
	TUBIN	G, C	ASING	AND	CEMENTIN	NG RECO	RD	_			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			_	SACKS CEMENT		
V. TEST DATA AND REQUES	 ST FOR ALLO	ŸAB	LE		l			_]			
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	ne of l	oad oil a	nd must	be equal to or Producing Me	exceed top all	lowable for t	his depth or be	for full 24 ho	ws.)	
									Choke Size		
Length of Test	Tubing Pressure			Casing Pressure							
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					1-17-14			entra va dessetti v			
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut in)				Casing Pressure (Shut-in)			Choke Str	Choke Size		
VI. OPERATOR CERTIFIC Thereby certify that the rules and regul Division have been complied with and	lations of the Oil Cor	scrvati	ion	E		OIL CO	NSER	/ATION	DIVISIO	ИС	
is true and complete to the best of my					Date	Approve	ed	MAY 08	1020		
J. L. Hampton					_1 /						
	r. Staff Adm			.v	By_		SIDER	VISION D	ISTRICT	#3	
Ponted Name		117	itle		Title		DOLFU				

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.