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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

## State of New Mexic 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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

DISTRICT III 1000 Rio Brazos Rd , Azlec, NM 87410	REQUEST FOR	ALLOWABLE	E AND AUT	HORIZA	TION					
1.	TO TRANSPORT OIL AND N			Well API No.						
nerator				3004522434						
Amoco Production Compa		Colorado	80201							
Address 1670 Broadway, P. O. B Reason(s) for I tling (Check proper box)			Other (I	lease explain)						
Reason(s) for filing (Check proper 502)	Change in Tra									
Recompletion	Oil Dr Casinghead Gas Co	ndensate [ ]								
Change in Operator	eco Oil E & P,	6162 S. W	illow, En	glewood,	Colora	do 8015	55			
If change of operator give name and address of previous operator	ieco Ull E a r,	0102 0.								
II. DESCRIPTION OF WELL	ION OF WELL AND LEASE   Well No.   Pool Name, Including For			ormation			Lease No. SF080597			
Lease Name	1	1A BLANCO (MESAVE			FEDERA	FEDERAL		391		
GARTNER LS		1170 Feet From The FNL Line and 1840				Feet From The FWL Line				
Location Unit Letter C	1170 F	eet From The FNL	Line a	nd						
		ange8W	, NMI	М,	SAN JU	AN		County		
Section 28 Townshi	K									
W DESIGNATION OF TRAP	SPORTER OF OIL	AND NATUE	Address (Give	ddress to whi	ch approved	copy of this for	m is to be se	nt)		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU							0/413			
CONOCO	rahead Gas [ ]	ad Gas or Dry Gas X		A LL Cine address to which approved co			opy of this join was a see .			
Name of Authorized Transporter of Casin EL PASO NATURAL GAS CC	IBACOC CAR		P. O. BOX	O. BOX 1492, EL PASO, Is gas actually connected? When?			1X 73370			
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	is gas actually	COMMECCE	i					
give location of tanks.	l l	ool give comming	ling order numb	er:						
li this production is commingled with the	t from any other lease of p					l Diva Dack	Same Res'v	Diff Res'v		
IV. COMPLETION DATA	Oil Well	Gas Well	New Well	Workover	Deepen	Flug track	l			
Designate Type of Completio	n - (X)	David	Total Depth		L	P.B.T.D.				
Date Spudded	Date Compi. Ready to	Date Compi. Ready to Prod.								
DE CP 416	Francisco			top one one ray			Depth Casing Shoe			
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation			.l							
Perforations										
	TURING	CASING AND	CEMENTI	NG RECO	RD		DVCKS CE	MENT		
100 50 45	CASING & T	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
HOLE SIZE										
V. TEST DATA AND REQU	JEST FOR ALLOW	ABLE			Mountle for I	this depth or b	e for full 24 I	hours.)		
OIL WELL (Test must be of	ter recovery of that total	e of load oil and mi	ust be equal to o	tethod (Flow,	pump, gas lif	i, etc.)				
Date First New Oil Run To Tank	Date of Test	Date of Test			Producing Method (Flow, pump, gas lift, e					
	Tubing Pressure		Casing Pres	Casing Pressure			Choke Size			
Length of Test	Tubing Free	Oil - Bbls.		Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.									
			l							
GAS WELL			Bbls. Cond	ensate/MMCI	:	Gravity	of Condensate	•		
Actual Prod Test - MCF/D	Length of Test	Length of Test					Carrie Size			
Laboration of Table 77	Tubing Pressure (S	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
lesting Method (pitot, back pr.)										
VI. OPERATOR CERT	FICATE OF CON	MPLIANCE	11	OIL CO	ONSEF	NATIO	N DIVIS	SION		
			1	•						
I hereby certify that the rules and regulations of the information given above Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved MAY 08 1989						
is true and complete to the next of thy knowledge				_// /						
J. L. Hampton				By SUPERVISION DISTRICT # 3						
Singature Supry				•	SUP	ERVISIO	N DISTR	iur # 0		
J. L. Hampton	This A Name									
Janaury 16, 1989	30	3-830-5025 Telephone No.						التباري والمواري والماري		
Date										

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance INSTRUCTIONS: This form is to be filed in compliance with Rule 1104
- 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.