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State of New Mexico Energy, Minerals and Natural Resources Department

> **OIL CONSERVATION DIVISION** P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICUII P.O. Drawer DD, Artesia, NM 88210

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

		Well
	TO TRANSPORT OIL AND NATURAL GAS	
/410	REQUEST FOR ALLOWABLE AND AUTHORIZAT	ION

I.	TOT	RANSPORT	OIL AND NA	TURAL G					
Operator Amoco Production (	erator Amoco Production Company				Well API No.				
Address					13004	522975			
1670 Broadway, P.		nver, Color							
Reason(s) for Liling (Check proper New Well	•	ge in Transporter of:	[.] Ou	ier (Please expl	ан				
Recompletion [7] Change in Operator [8]	Oil	Dry Gas Condensate	_]						
If change of operator give name	Tenneco Oil E			Englesies	d Color	ado 801	55		
and address of previous operator		u i, 0102 a	· HITIOM	PHKISMOO	u, color	auo 801			
II. DESCRIPTION OF W Lease Name	ELL AND LEASE Well	No. Pool Name, In	cluding Formation	<del> </del>		E	Le	ase No.	
			(ESAVERDE)		PEDE	ML	NM060	NM0607	
Unit LetterC	. 1030	Feet From The	FNL Li	ne and 1550	Го	t From The	WL	Line	
Section 3	ownship 30N	Range 10W		мрм,	SAN JI	JAN		County	
III. DESIGNATION OF I		OIL AND NA							
Name of Authorized Transporter of CONOCO		Idress to which approved copy of this form is to be sent)							
Name of Authorized Transporter of	Casinghead Gas [		P. O. BOX 1429, BLOOMFIELD, NM 87413  Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS		17		OX 1492,			978		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. [ ]	Rge. Is gas actual	y connected?	When	r			
If this production is commingled wi	•	e or pool, give comm	ningling order num	iber:					
IV. COMPLETION DATA	loir.	Well   Gas Wel	II New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Compl		į	Total Depth	İ	<u>i                                     </u>	, <u></u>		Ĺ	
Date Spudded	Date Compl. Read	ау ю 170а.	rotar Depth			P.B.T.D.			
Llevations (DF, RKB, RT, GR, etc.) Name of Froducing Formation			Top Oil/Gas	Top Oil/Gas Pay Tubing Depth					
Perforations						Depth Casing	Shoe		
	TT IFS IA	IC CACING A	ND CEMENT	NC DECOR	D.				
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			ND CEMENT	DEPTH SET		SACKS CEMENT			
· · · · · · · · · · · · · · · · · · ·									
V. TEST DATA AND RECOIL WELL — (Test must be	QUEST FOR ALLO after recovery of total volu		must he equal to a	r arcaed ton all	aunthle for this	denth or he for	full 24 kans	<b>.</b> )	
Date First New Oil Run To Tank	Date of Test	une oj waa on ara r		ethod (Flow, pi			jun 24 now.		
Length of Test	Tubing Pressure		Casing Press	ure		Choke Size			
Actual Prod. During Test	Oil - Hbls.		Water - Bbis	•		Gas- MCF			
GAS WELL	t								
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conde	nsate/MMCF		Gravity of Co	ndensate	,	
lesting Method (pilot, back pr.)	Tubing Pressure (	Shut-in)	Casing Press	ure (Shut-in)		Choke Size	*	•	
VI. OPERATOR CERT	IFICATE OF CO	MPLIANCE		011 001	ICEDV	TIONS	W. (1010		
I hereby certify that the rules and Division have been complied wi		OIL CONSERVATION DIVISION							
is true and complete to the best	Date	Date Approved MAY 08 1989							
1. 1 2h		3 Chan							
Signature 2 100	- ∥ By_	By SUPERVISION DISTRICT # 3							
J. L. Hampton	-    Title		OLEVATO	TOU DIST	nioi # (	-			
Janaury 16, 1989		3-830-5025 Telephone No.	-    ''''						
- 120			Il						

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.