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

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

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 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.	TO	TRANS	SPORT OIL	L AND NA	TURAL C	SAS				
Operator Amoco Production Com	Well API No.									
Address	β004523364									
1670 Broadway, P. O.	Box 800, D	enver,	Colorad	lo 8020	1					
Reason(s) for Filing (Check proper box					her (Please ex	plain)				
New Well		nge in Tran								
Recompletion [3] Change in Operator [3]	Oil Casinghead Gar	L.] Dry							•	
a de la caractería de la composição de la										
nd address of previous operator	nneco Oil E	& P,	6162 S.	Willow,	Englewo	od, Col	orado 8	0155		
I. DESCRIPTION OF WEL										
Lease Name FLORANCE	Well No. Pool Name, Included 115 BLANCO (FRU					FED	i I		ease No.	
Location	<u></u>			11 Innu)			FEDERAL SF078		8201	
Unit LetterM	790	Fee	t From The FS	L Lir	1025		Feet Emm The	FWL	Line	
10	20N									
Section 10 Town	ship30N	Ran	ige ⁹ W	N	MPM,	SAN	JUAN		County	
II. DESIGNATION OF TRA	NSPORTER O	F OIL A	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		ondensate	Γ / 1			which approv	ed copy of this	form is so be se	int)	
12P-			//	ļ						
Name of Authorized Transporter of Cas EL PASO NATURAL GAS C		_j or D	Ory Gas 💢	Address (Gir	ve address so v X 1492,	vhich approve	ed copy of this j		nt)	
f well produces oil or liquids,	Unit Sec.	Twp	p. Rue.		ly connected?			9978		
ive location of tanks.	i i	i	i			i				
this production is commingled with th	at from any other lea	se or pool,	give comming	ing order num	ber:					
V. COMPLETION DATA		W-11 -	C 197-19	1 N . N .	1		-,-:: ::			
Designate Type of Completio	ກ - (X) ^{[Oii}	Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Rea	dy to Prod	ι	Total Depth	L	_1	P.B.T.D.	1	_L	
Tevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
										erforations
							ocpor Casir	ig Silve		
	TUBI	NG, CAS	SING AND	CEMENTI	NG RECOI	RD				
HOLE SIZE CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
· · · · · · · · · · · · · · · · · · ·	-									
	-								***************************************	
. TEST DATA AND REQUI										
ILWELL (Test must be after	recovery of total vol	ume of los	d oil and must					or full 24 how	s.)	
tale First New Oil Run To Tank	Date of Test			Producing Me	thod (Flow, p	ump, gas lýt,	etc.)			
ength of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
al Prod. During Test Oil - Bbls.			Water - Bbls			Gas- MCF				
	1						J			
IAS WELL										
ctual Prod. Test - MCI/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
sting Method (pitot, back pr.)	hed (pitot, back pr.) Tubing Pressure (Shut in)			Casing Pressure (Shut-in)			Choke Size			
		- •			,,		STORE SIZE			
I. OPERATOR CERTIFIC	CATE OF CO	MPLIA	NCE							
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION						
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						
				Date	Approve	d!	MI UO I	-m-		
4. J. Hampton						7_1	> dh	_/		
Superiure						euoes"	# TAN A	TOICT 4	<u> </u>	
J. L. Hampton Sr. Staff Admin. Suprv. Printed Name Title				Title		BUPKKY!	SION DIS	TUTOT #	J	
Janaury 16, 1989		3-830-	I	Title.						
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.