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

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

P.O.Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

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

1000 Rio Brazos Rd., Aziec, NM	REQUES	T FOR ALLOWA	ABLE AND AUTHORIZA	TION		
•	TO	TRANSPORT O	IL AND NATURAL GAS			
Operator Attention			ı:	Well API No.		
AMOCO PRODUCTION COMPANY			Mike Curry	300	3004523980	
Address						
P.O. Box 800 Den		Colorado	80201			
Reason(s) for Filing (Check proper bo.			Other (Please explain,)		
New Well	, L	in Transporter of:				
Recompletion X	Oil L	Dry Gas				
Change in Operator	Casinghead Gas _	Condensate				
change of operator give name and address of previous operator						
	(AND LEACE					
I. DESCRIPTION OF WELL case Name	Well No	. Pool Name, Include	ling Formation	Kind of Lease	Lease No.	
	RIDDLE /B/		nco Pictured Cliffs	Kind of Lease State, Federal or Federal	NM-012647	
Location				7 000101		
	1030'	m . m . m	FSL Line and 805'	East Case The	FWL Line	
Unit Letter	1030	_ Feet From The	FSL Line and 805'	Feet From The	FVVL Line	
Section 22 Towns	hip 31 N	Range 09 \	W ,NMPM,	SAN JUA	N County	
Section —— Towns	мр	Rango	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
III. DESIGNATION OF TRA	NSPORTER OF	OIL AND NATU	JRAL GAS			
Name of Authorized Transporter of Oi			Address (Give address to which	h approved copy of this	form is to be sent)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas 🗶			Address (Give address to which approved copy of this form is to be sent)			
Paso Natural Gas Company			P. O. Box 4990, Farmington, NM 87499			
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	Is gas actually connected?	When?		
give location of tanks.						
If this production is commingled with t	that from any other leas	se or pool, give comn	mingling order number:			
IV. COMPLETION DATA					T	
Designate Transport Committee	Oil W	Vell Gas Well	New Well Workover	Deepen Plug Back	Same Res'v Diff Res'v	
Designate Type of Completion		×		<u> </u>		
Date Spudded	Date Compl. Ready	y to Prod.	Total Depth	P.B.T.D.	2020 21/49	
09-02-80	06-09-93		7710'	m. C. D.	4970 3992	
vations (DF,RKB,RT,GR,etc.) Name of Producing Formation Plating Cliffs		Top Oil/Gas Pay 3052'	Tubing Dept	Tubing Depth 3041'		
6260' GR Pictured Cliffs		3052	Donth Cooin	Depth Casing Shoe		
Perforations 3052'- 3122) 1			Deput Casin	g snoe	
3032 - 3122		G GAGING AND	D GENTENIC DECORE			
1101 E C17E			D CEMENTING RECORI		SACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE		295'		250 sx CL-B w/2% CACL2	
8 3/4"	7*		3480'		460 sx Lite; 150 sx CL-H	
6 1/4"	4 1/2*		7708'	1	150 sx 50/50 POZ mix	
		2 3/8*	3041'			
V. TEST DATA AND REQU	EST FOR ALLO	WARLE ^{4 1/2}	"Liner 7766'			
OIL WELL (Test must be afte	r recovery of total volu	ime of load oil and m	ust be equal to or exceed top allo	wable for this depth or	ha for full 24 hours	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pum	ip, gas lift, 📆 💆	e e i v e in	
				Flow		
Length of Test	Tubing Pressure		Casing Pressure	in Size	JL 6 1993	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas - MCF	CON. DIV.	
				UIL.		
GAS WELL					DIST. 3	
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of	Condensate	
0	24		0		. О	
Testing Method (pitot, back pr.)	Tubing Pressure (S	Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Flowing	c	PSI	300 PSI	<u> </u>	1/4"	
VI. OPERATOR CERTIFIC	ATE OF COMPL	JANCE				
I hereby certify that the rules a			OIL CONS	SERVATION	DIVISION	
Conservation Division have bee	n complied with and	that the				
information given above is true	and complete to the	best of my	Date Approve	d JUL 21	1993	
1.1.					•	
Mike My			D.	3 1 d.		
Signature Mike Curry Business Analyst			By			
Printed Name		Title		SUPERVISOR DI	STRICT #3	
6-29-93	•	(303) 830-4075	Title			
Date	To	elephone No.	11			

- 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 1111

- 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 4) changes.