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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hubbs, NM 88240 DISTRICT II P.O. Drawer DD, Antesia, NM 88210

## State of New Mexic Energy, Minerals and Natural Resou

vartment

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

## OIL CONSERVATION DIVISION P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

						AUTHORI TURAL G					
Operator		1010	HIVOI	-ONI OIL	- AND INA	TONALG		API No.			
Amoco Production Comp	3004524195										
Addiess 1670 Broadway, P. O	Box 800	). Denv	er.	Colorad	o 8020	1					
Reason(s) for Filing (Check proper box)		, , ,		0010144		et (Please expl	ain)				
New Well		Change i	n Trans	porter of:	_						
Recompletion	Oil	process process	Dry (								
Change in Operator	Casinghea	d Gas	Cond	lensate							
change of operator give name nd address of previous operator Ten	neco Oi	1 E &	P, 6	5162 S.	Willow,	Englewoo	d, Colo	rado 80	0155		
I. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	Well No. Pool Name, Includi									case No.	
SAN JUAN 32-9 UNIT	<b>.</b>	64A	BLAN	ICO (MES	AVERDE)		STAT	E	STAT	E	
Location D	10	90		From The	I.	970			FWI.		
Unit Letter	_ :				Lir	e and 970	F	et From The	1	Line	
Section 2 Townshi	P.31N		Rang	,9W	, N	мрм,	SAN J	UAN		County	
II DECICALATION OF THAN	CDADTE	D OF C	ATT A	NID NATE	DAT CAS						
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conde				e address to w	hich approved	copy of this	form is to be s	eni)	
CONOCO				KC)	Address (Give address to which approved copy of this form is to be sent)  P. O. BOX 1429, BLOOMFIELD, NM 87413						
Name of Authorized Transporter of Casin			or Di	y Gas X					this form is to be sent)		
EL PASO NATURAL GAS COI		l e	I Thur	J D	+	X 1492, y connected?	LL PASU		9978		
If well produces oil or liquids, ive location of tanks.	Unit	Sec. 	Twp.	l vage.	is gas actual	y countected?	Wilci	1			
this production is commingled with that	from any otl	ner lease of	pool,	give commingl	ing order num	ber:					
V. COMPLETION DATA		,							-,		
Designate Type of Completion	- (X)	Oil Wel	 	Gas Well	New Well	Workover 1	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded					Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				<u> </u>	Top Oil/Gas	Pay		Tubing Depth			
readons (27, that, 77, on, sec.)					<u> </u>			Tubing De,			
Perforations								Depth Casi	ng Shoe		
	·	TIRING	CAS	ING AND	CEMENT	NG RECOR	D	·			
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			1	DEPTH SET			SACKS CEM	IENT		
					l						
					ļ						
TEST DATA AND REQUE	T FOR	ALLOW	ABLI	E	1						
IL WELL (Test must be after )					be equal to o	exceed top all	owable for the	s depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Te	st			Producing M	ethod (Flow, pr	ump, gas lýt,	eic.)			
and of Test	11. A Th.				Casing Press			Choke Size			
Length of Test	Tubing Pro	essure			Casing 1 100	oic					
Actual Prod. During Test	Oil - Bbls.			Water - Bbis	•		Gas- MCF	Gas- MCF			
	<u> </u>				1			.]			
GAS WELL											
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	state/MMCF		Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size				
•				l							
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE		OII	IOED/	ATION	DIVICIO	<b>761</b>	
I hereby certify that the rules and regul					1	OIL COM	12EH A	AHON	DIAIDIC	אוכ	
Division have been complied with and is true and complete to the best of my			ven abo	ive							
7 11	L				Date	Approve	a ——#	MY 08	JURY		
4. J. Ham	Dlas	V			By_		3	s d	/		
Signiture I. I. Hampton Si	r Staf	f Admi	n c	luner	by -			•			
J. L. Hampton Sr. Staff Admin. Suprv. Printed Name Title					TitleSUPERVISION DISTRICT # 8						
Janaury 16, 1989			830-	5025 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.

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 Instruction

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

I. Operator	REQUES	ST FOR	R ALLOWA	ABLE AND OIL AND NA	AUTHOR	IZATION	1					
Meridian Oi					., or ince		Well API No.					
P.O. Box 42		ton N	love March				<del></del>					
Kesson(s) for Filing (Check proper ba	z)	con, 1	iew mexic		et (Please exp	(ain)						
New Well Recompletion	Cha Oil		nsporter of:	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Change in Operator	Casinghead Ga		adensate X	Effect	ive 11/1	/89						
and address of previous operator All	noco Product	ion C	ompany,	P.O. Box	8 <b>00.</b> De	nver. C	olo. 80	0201				
IL-DESCRIPTION OF WELL	L AND LEASE											
San Juan 32-9 Unit	Wei	No. Po	oi Name, Inclu Blanco M	ding Formation lesa Verde	•	Kine State	ind of LesseSTATE Lesse No. ate, Federal or Fee E-5381-2					
Location Unit LetterD	1090			North	0	70						
2	: <u></u>	Fee	t From The _	Line	and	/_U I	eet From The	West	Line			
Section 2 Towns		Rat	He		1PM, S	an JUan			County			
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTER O	F OIL	ND NATE	RAL GAS								
Meridian Oil Transpo	Meridian Oil Transportation Inc						Address (Give address to which approved copy of this form is to be sen					
Name of Authorized Transporter of Cas	Try Gas 💢	Address (Give	address to wi	ich approved	copy of this form is to be sent)							
If well produces oil or liquids, give location of tanks.	El Paso Natural Gas Company  If well produces oil or liquids,   Unit   Sec.   Twp.   F			<u> 1 P.O. Bo</u>	<u>x 990.</u> F	arming	gton, N.M. 87499					
If this production is commingled with the	I D   2	3	1N   9W	ł			· ·					
IV. COMPLETION DATA	- Hom any other real	e or poor,	give comming	ling order numbe	<b></b>							
Designate Type of Completion	ı - (X) — ¦Оіі '	Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v			
Date Spudded	Date Compi. Read	dy to Prod	•	Total Depth			P.B.T.D.	<u> </u>	L			
Elevations (DF, RKB, RT, GR, etc.)	and the state of t				y	<del>-</del>						
Perforations							Tubing Depth					
							Depth Casing	g Shoe				
HOLE SIZE	TUBIN	IG, CAS	ING AND	CEMENTING		)						
	CASING & TUBING SIZE			D	EPTH SET		SACKS CEMENT					
7. TEST DATA AND REQUE	ST FOR ALL O											
IL WELL (Test must be after )	ecovery of total volu	WABLE me of load	i oil and must i	e equal to or ex	ceed top allow	able for this	denth on he fo	- 6.11.24 L	·			
Date First New Oil Run To Tank	Date of Test			Producing Metho	od (Flow, pum	p, gas lift, es	c.)	r juli 24 nours.)	,			
ength of Test	Tubing Pressure			Casing Pressure			Choke Sing		3 , , ,			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis			IN					
							OCT 3 0 1953					
GAS WELL  Actual Prod. Test - MCF/D	Length of Ton						Oil	CON.	DIV.			
	Length of Test  Tubing Pressure (Shut-in)			Bbls. Condensate	MMCF		Gravity of Condensate  Choke Size					
sting Method (pitot, back pr.)				asing Pressure (	(Shut-in)							
L OPERATOR CERTIFICA	ATE OF COM	PLIAN	ICE		-			············				
I hereby certify that the rules and regula  Division have been complied with and the	OIL CONSERVATIO				IVISION	1						
is true and complete to the best of my to	Date A	nnroved		OCT 3 0 1989								
Selfey Min						. 11 1303						
Signature Peggy Bradfiel	fairs	By										
Printed Name	Printed Name					Title SUPERVISOR DISTRICT						
Date		lephone N	<u>.                                    </u>									

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