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Appropriate Instrict 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

STRICT II ). Drawer DD, Artesia, NM 88210	Santa I	e, New Mexico	87504-2088						
STRICT III W Rio Brazos Rd., Azec, NM 87410		ALLOWADIE A	AND AUTHORIZAT D NATURAL GAS	LMULYN NG LMULYN NG	 ).				
			_	3004525444					
perator Amoco Production Company				_					
uddiess 1670 Broadway, P. O. Box	800, Denver,	Colorado	80201 Other (Please explain)						
Reason(s) for Filing (Check p. , 1 hox)			Office () twice echanish						
Jan Well	Change in Trai	nsporter of:							
Recompletion Oil	singlead Gas [ ] Co	ndensale			00155				
tecompletion Tange in Operator Tange in Operator Tange of operator give name and address of previous operator Tennec	o Oil E & P,	6162 S. Wil	low, Englewood,	Colorad	0 80137				
L. DESCRIPTION OF WELL AN	D LEASE	· ····	amalion			Lease No. 820781440			
Lease Name BLANCO COM	IA BA	ool Name, Including F ASIN (DAKOTA	)	FEDERA			Line		
Control of the Contro	1120 r.	FSL	Line and 950	Feet F	rom The FF				
Unit Letter P			, NMPM,	SAN JUA	.N		County		
Section 2 Township 3	ON R	tange 1 1 W	- Indalista						
III. DESIGNATION OF TRANSI	MODITED OF OH	. AND NATUR!	L GAS Adjess (Give achiress to who	ch ancroved co	py of this form	i is to be seni	,		
III. DESIGNATION OF TRANSI Name of Authorized Transporter of Oil	or Condens								
CLANT REFINING ("57			ddress (Give address to wh	ich approved co	TX 79978				
1 The content of Casingh	cad Gas []	ь.	O BOX 1492.	FP LYPO					
EL PASO NATURAL GAS COLL		Twp.   Rge.	s gas actually connected?	Muen					
travell envirces of or figures,			u onler number:						
to this production is commingled with that for	om any other lease or p	pool, give comminging	ig triget hames.		Plug Back	Came Res'V	Dilf Res'v		
IV. COMPLETION DATA	[Oil Well		New Well   Workover	Deepen	Plug Hack 1				
Designate Type of Completion -	(X)		Total Depth	1	P.B.T.D.				
Date Spielded	Date Compl. Ready to								
	Name of Producing F	omalion	Top Oil/Gas Pay	Tubing Depth					
Elevations (DF, RKR, RT, GR, etc.)	Name of Fredering			Depth Casing Shoe					
Perforations	J								
Terroration	1	CASING AND	CEMENTING RECO	RD		SACKS CEN	AFNT		
	TUBINU	LUBING SIZE	DEPTH SE		\	3/torto ou			
HOLE SIZE	CASING								
	er rop ALLOV	VABLE	st be excell to or exceed top Producing Method (Flow	nble for the	his depth or be	for full 24 h	ows)		
V. TEST DATA AND REQUI	recovery of total volue	ne of load oil and mu	st be estal to or exceed top	, pump, gas lýl	elc.)				
OIL WELL (Test must be offer Date First New Oil Run To Tank	Date of Test		Littinging means		Choke Siz				
(Zale the Charles			Casing Pressure		CHOKE SIL	•			
Length of Test	Tubing Pressure		Dhie		Gas- MCI	l:			
Actual Prod. During Test	Oil Bbls.		Water - Bbls.			= = =			
Actual From Francis						and the second			
GAS WELL		and the second second second second second	Bbls. Condensate/MMC	CF	Gravity C	of Condensate	•		
Actual Prod. Test - MCI/D	Length of Test		}		Choke S	ize			
	Tubing Pressure	(Shut in)	Casing Pressure (Shut-	in)					
l'esting Method (pirot, back pr.)						N. DIVII	NOIS		
VI. OPERATOR CERTIL	ICATE OF CO	MPLIANCE	OIL	ONSEF	RVATIO	M DIAI	31011		
VI. OPERATOR CERT II	regulations of the Oil C	Conscrivation on given above	$\mathbb{I}$						
I hereby certify that the rules and in Division have been complied with is true and complete to the best of	and that the information try knowledge and be	Date App	Date ApprovedMAY_08_1989						
is true and complete to the local of			<i>\\\</i>	~		da-i	/		
(1. 7. Ha	mpton		–   By	b.	د	· DICTE	10T#3		
Sansature	Sr. StaffA	dmin. Suprv.		SUP	ERVISIO	N DISTR			
J L Hampton		Title 303-830-5025	Title						
Janaury 16, 1989		Telephone No.							
Date			POR CONTRACTOR OF THE PARTY OF						

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- with Kule 111.

  2) All sections of this form must be filled out for allowable on new and recompleted wells.

  3) 1 df cut only 5 ctions f, H, HI, and VI for changes of operator, well name or number, transporter, or other such changes.

  4) Separation of C (i) I must be filed for each pool in multiply completed wells.

Submit 5 Copies
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OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Anesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well API No.					
Amoco Production Company							300	3004525444				
Address 1670 Broadway, P. O. I	Box 800	, Denv	er,	Colorad	0 80201	l						
Reason(s) for Filing (Check proper box)		· · · · · · · · · · · · · · · · · · ·	-		Où	ner (Please expla	in)					
New Well		Change in	Transp	porter of:								
Recompletion	Oil		Dry C	Gas 🔲								
Change in Operator	Casinghea	d Gas		ensate X								
If change of operator give name and address of previous operator									~			
II. DESCRIPTION OF WELL	AND LE											
Lease Name		Well No.		Name, Includi						ase No.		
BLANCO COM 1		1A BLANCO (MESAVERDE)						ERAL	9000	110		
Location Unit Letter P	: 11:	20	_ Feet 1	From The F	SL Lir	ne and950	Fe	et From The	FEL	Line		
Section 2 Township	<sub>0</sub> 30N			e 11W		імрм,		AN JUAN County				
III. DESIGNATION OF TRAN	·······	R OF O		•								
Name of Authorized Transporter of Oil		or Conder				ve address to wh	ich approved	copy of this f	orm is to be se	nı)		
MERIDIAN INC.				X	P. O. BOX 4289, FARMINGTON, CO 87499							
Name of Authorized Transporter of Casing	ghead Gas		or Dr	y Gas X	Address (Give address to which approved copy of this form is to be sent)							
EL PASO NATURAL GAS CON	-			• 62	1				79978			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	-+							
give location of tanks.	1		, p.	1.60		, •••		· •				
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool, g	give comming	ing order nurr	nber:						
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Com	pl. Ready to	Prod.	·····	Total Depth	-1	<b>.</b>	P.B.T.D.	1	<b>!</b>		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations	Perforations							Depth Casing Shoe				
	7	TUBING,	CAS	ING AND	CEMENT	ING RECOR	<u>D</u>					
HOLE SIZE CASING & TUBING SIZE				SIZE		DEPTH SET			SACKS CEM	ENT		
V. TEST DATA AND REQUES	ST FOR A	ALLOW.	ABLI	E	1			J				
OIL WELL (Test must be after r	ecovery of to	otal volume	of load	d oil and must					for full 24 hou	rs.)		
Date First New Oil Run To Tank						Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pre	essure			Casing Press	sure		Choke Size				
Actual Prod. During Test	Oil - Bbls.			., ., ., .	Water - Bbl	<b>S.</b>		Gas- MCF				
GAS WELL	<u>.i</u>				1							
Actual Prod. Test - MCF/D						nsale/MMCF		Gravity of Condensate				
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regul						OIL CON	ISERV	ATION	DIVISIO	DN .		
Division have been complied with and is true and complete to the best of my	that the info	rmation giv						Pris -	W 40.5 -			
1 1 1 st					Date ApprovedAUG 07 1009							
Signature J. Slown	Non	<u> </u>			By_			1) E	Then!	<b>,</b>		
J. L. Hampton Si Printed Name 7 - 28 - 87	c. Staf		Title	•	Title	)	SUPE	RVISION	DISTRIC	т#3		
7-28.87 303-830-5025												

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.

Submut 5 Copies
Appropriate District Office
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Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		I O IIIA	1401	OITI OIL	. AND NA	TOTIAL GA		API No.				
Amoco Production Company 3004.									4525444			
Address 1670 Broadway, P. O. H		, Denve	er.	Colorad	o 80201		1 2 - 0		,	1,,1,1		
Reason(s) for Filing (Check proper box)			,			er (Please expla	zin)					
New Well		Change in	Trans	porter of:	_							
Recompletion	Oil		Dry (	Gas 🗆								
Change in Operator	Casinghead		•	lensate X								
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LEA		D1	Ni - I - I - I	F		<del></del>		1			
Lease Name BLANCO COM 1	Well No. Pool Name, Including Formation 1A BASIN (DAKOTA) FEDI							ERAL	l l	ease No. 81440		
Location Unit Letter P	: 1120 Feet From The FSL Line and 950 Feet From The FEL									Line		
Section 2 Township	, 30N			e 11W		мрм,	UAN		County			
III. DESIGNATION OF TRAN					RAL GAS							
Name of Authorized Transporter of Oil		or Condens	sale			ov 1000				ni)		
MERIDIAN INC.  Name of Authorized Transporter of Casing			or Di	y Gas X	P. O. BOX 4289, FARMINGTON, CO 87499  Address (Give address to which approved copy of this form is to be sent)							
EL PASO NATURAL GAS COM	<del></del> .	S 1	Th.:		<del> </del>	OX 1492,			9978			
If well produces oil or liquids, give location of tanks.	<u>ii</u>	1	Twp.			·	When	?				
If this production is commingled with that f  IV. COMPLETION DATA	rom any othe	er lease or p	xxol, g	give comming!	ing order num	ber:						
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	i. Ready to	Prod.		Total Depth	L	<b>L</b>	P.B.T.D.	I			
Elevations (DF, RKB, RT, GR, etc.)	S (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing Shoe							
	Т	UBING,	CAS	ING AND	СЕМЕЙТІ	NG RECOR	D					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT				
					1			<u> </u>				
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLI	E E	<u> </u>			<u> </u>				
OIL WELL (Test must be after re	covery of lo	al volume d	of load	d oil and must	be equal to or	exceed top allo	owable for thi	s depth or be	for full 24 hou	rs.)		
OIL WELL (Test must be after recovery of total volume of load oil and must  Date First New Oil Run To Tank  Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pres	sure			Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
GAS WELL	L				<u></u>			J				
Actual Prod. Test - MCF/D	Length of T	esi			Bbls. Conder	sate/MMCF		Gravity of C	Condensate			
Testing Method (pitot, back pr.)	Pitot, back pr.) Tubing Pressure (Shut-in)					ure (Shut-in)	<del></del>	Choke Size				
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE				<b>. .</b>	50.000			
I hereby certify that the rules and regular Division have been complied with and t				ve		DIL CON	15EHV	AHON	אואוט	)N		
is true and complete to the best of my k				-	Data	Annrous	٨					
Of the ot.					Date Approved AUG 07 1989							
Signature Signature				By Sand								
J. L. Hampton       Sr. Staff Admin. Suprv.         Printed Name       Title         7. 28-89       303-830-5025					Title SUPERVISION DISTRICT # 3							
Date Telephone No.												

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