District I PO Bax 1980, Hobbs, NM 88241-1980

District II

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office

811 South First District III 1000 Rio Brazo District IV		(	2040	) Sout	TION h Pach NM 87	eco	ION	, Sı	Submit to Appropriate District Office  5 Copie:  AMENDED REPORT						
2040 South Pac	-			LLO	WABI	LE AI	ND AI	ITHOF	RIZAT	ION TO	∟ PANS				
REQUEST FOR ALLOWABLE A Operator name and Address Amoco Production Company												<sup>2</sup> OGRID Number			
P. O. Box 800												00778			
Denver,	Color	ado 802	201 .						RC-	RC-Recompletion					
	API Numbe	r				Pool Name			* Pool Code						
30 - 0 452	15842 ruperty Co	Blar	erde					72319							
000817		Ld Con		roperty Na	ше			* Well Number 4E							
II. 10 (	Surface Location Township					Feet from	u the	North/Se	oth Line	Feet from the	from the East/We		est line County		
G	30 30N		9W	1 1			1690		h	1730	East		San Juan		
11 Bottom Hole L		Hole Lo	cation			*						<u> </u>			
UL or lot no. Section Township			Range Lot Idn Feet fa				om the North/South line			Feet from th	e East/W	est line	County		
12 Luc Code	6.4 113 1 1 1 1 1 1		nd   14 C												
F	, and a second s		ode Cas	de 14 Gas Connection Date			C-129 Permit Number		"	C-129 Effective Date "C-129 Expiration I		129 Expiration Date			
III. Oil a	nd Gas	Transpor	rters				<del></del>	·					<del></del>		
"Transpor	* Transporter Name and Address				<sup>28</sup> POD			22 POD ULSTR Location							
		Paso F	Paso Field Services				1,-03	, , i	G		100 I	escriptic			
P.			Box 4990				85530 G								
Ciant D			ton, New Mexico				S5510 0								
9018	Р.	O. Box	BOX 12999					5370							
Sco		cottsdale	ttsdale, Ariz. 85267								<u> 20 г.н. — 22 г.н </u>				
		<del></del>													
										NEGETYED)					
	rod W	ater		<del></del>											
	355C	,		<sup>14</sup> POD ULSTR Location and Descr							eriptiod以此,写型机。也以 <b>。</b> DEEC。3				
V. Well (			<del></del>							<del></del>	しつほど	క్రం ప్ర			
25 Spud Date		24	9 <sup>1</sup> 77777			" PBTD		Perfo	rations						
3/8/84		3/1				7351			4797-5 <u>1</u> 4384-47	11	DHC-1662				
12-1/4"			<sup>33</sup> Casing & Tubing Size 9-5/8"				288 KB					Sacks Cement			
8-3/4"		<del></del> -	7"				3312 KB		<del></del>	200 5X		EE COMPLETION REPORT			
Liner: 4-1/2"		/ 2''	3120'-7403'							470 3 X					
Tubing: 2.375"			7175'				,			/83.3/					
	Test D	·	·•····································								<del></del>				
	33 Date New Oil		34 Gas Delivery Date		" Test Date 11/12/97		* Test 1 13 hrs		gib	<b>" Тъ</b> g. 140#	Pressure	** Csg. Pressure 350#			
4 Choke Size 3/4"		"Oil Trace		7 bbls		"Gas 1,024 mcf		4 AOF		* Test Method Flowing					
of 1 hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature:  Brinted name:  Gail M. Jefferson							OIL CONSERVATION DIVISION  Approved by:  Title: SUPERVISOR DISTRICT #3								
Title: Sr.					Approval Date:										
Date: 1/12	Phone: (303) 830-6157  e OGRIII number and name of the prev				JAN 2 0 1998										
	Previous (	Operator Signa	ilure			Printed	Name			Tau	<u> </u>	Date			

## New Mexico Oil Conservation Division C-104 Instructions

## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

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

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table:

  NW New Well

  RC Recompletion

  CH Change of Operator (Include the effective date.)

  AO Add oil/condensate transporter

  CO Change oil/condensate transporter

  AG Add gas transporter

  CG Change gas transporter

  RT Request for test allowable (Include volume requested)

  If for any other reason write that reason in this box. 3.
- 4. The API number of this well
- 5. The name of the pool for this completion
- The pool code for this pool
- The property code for this completion
- The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table: Federal 12. State Fee Jicarilla SP NU
  - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:

  F Flowing
  P Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14.
- 15. The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table:
  O Oil
  G Gas 21.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.) 22
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", "In the CPD Water T 24. well completic (Example: "B: Tank",etc.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well
- 28. Plugback vertical depth-
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well have
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- 34. Number of sacks of cement used per casing string

If the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 35.
- MO/DA/YR that gas was first produced into a pipeline 36.
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43 Barrels of water produced during the test
- 44 MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well: Flowing P Pumping S Swabbing If other method please write it in.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 47.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 48.