

**L.**

1. Operator <u>Amoco Production Co.</u>		Well API No. <u>30-045-27412</u>
Address <u>P.O. Box 800, Denver, Co 80201</u>		
Reason(s) for Filing (Check proper box)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator _____		

II. DESCRIPTION OF WELL AND LEASE				
Lease Name <u>Florange L</u>	Well No. <u>4</u>	Pool Name, Including Formation <u>Basin Fruitland Coal Gas</u>	Kind of Lease <u>State, Federal or Fee</u>	Lease No. <u>SF 081098A</u>
Location				
Unit Letter <u>H</u> : <u>2465</u> Feet From The <u>North</u> Line and <u>1220</u> Feet From The <u>East</u> Line				
Section <u>3</u> Township <u>30N</u> Range <u>9W</u> , NMPM, <u>SAN JUAN</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS									
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)				
Amoco Production Co.					P.O. Box 800, Denver, Co 80201				
If well produces oil or liquids, give location of tanks.		Unit	Sec.	Twp.	Rge.	Is gas actually connected?		When ?	
						Yes			

If this production is commingled with that from any other lease or pool, give commingling order number:

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
			X	X					
Date Spudded 7/16/89	Date Compl. Ready to Prod. 8/30/89		Total Depth 2889'			P.B.T.D.			
Elevations (DP, RKB, RT, GR, etc.) 6093' GR	Name of Producing Formation Fruitland Coal		Top Oil/Gas Pay 2709'			Tubing Depth 2666'			
Perforations No perforations, open hole completion						Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE 12 1/2" 8 3/4"		CASING & TUBING SIZE 9 5/8" 7"		DEPTH SET 271' 2679'		SACKS CEMENT 250 Sx Class B w/2% GC 475 Sx Cl B Lite, Tail 100 Cl. B			
		2 7/8"		2666'					

**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

OIL WELL			(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this pump or be for pump recovery)		
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)			
Length of Test	Tubing Pressure	Casing Pressure	Casing Size		
Actual Prod. During Test	Oil - Bbls.	Water -	Oil - MCF		
		NOV 20 1990			

Actual Prod. Test - MCF/D 725	Length of Test 24	Bbls. Condensate/MMCF DIST. ?	Gravity of Condensate
Testing Method (pitot, back pr.) Flowing	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size .75

I hereby certify that the rules and regulations 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.

*D. J. Phelan*

Signature D. W. Whaley STAFF Admin Supervisor  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Date 11/16/90 Telephone No. (303) 830-4280

OIL CONSERVATION DIVISION

Date Approved NOV 19 1990

By \_\_\_\_\_  
Title \_\_\_\_\_ SUPERVISOR DISTRICT # 3

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- INSTRUCTIONS: This form is to be filed in compliance with Rule 110.
- 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.