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 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	<u>. </u>	OTRA	NSP	ORT OIL	AND NA	I UHAL G	IAS T	Wall At	N No.		 }	
Amoco Production Company								Well API No. 30-045-2754				
Address	<u> </u>					······································						
P. O. Box 800, Denver	r, CO 80	201			Oth	er (Please exp	lain)					
Reason(s) for Filing (Check proper box) New Well		Change in	Transp	orter of:	[_] Ou	ci (i ieuse exp	,,,,,					
Recompletion	Oil Dry Gas											
Change in Operator	Casinghead	Gas 🗌	Conde	nsale 🗌		·						
change of operator give name nd address of previous operator												
I. DESCRIPTION OF WELL	. AND LEA	SE										
Lease Name		Pool N	Name, Includir	ig Formation			Kind of			Lease No.		
Florance 114 🕅	<u> </u>				uitland Coal Gas			SF-078			8335	
Location	00	00		•	laat	. 22	00	_		C L L	1:	
Unit Letter	:98	<u>su</u>	Fect F	rom The	vest_Lin	ne and23!			t From The _	20ntu	Line	
Section 11 Towns	hip 30	N	Range	9W	,N	МРМ,	San	Juan			County	
III. DESIGNATION OF TRA	NSPORTE	R OF O	II. AN	ND NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conden			Address (Gi	ve address to	which o	pproved	copy of this fo	orm is to be se	ਧ)	
							12.1		Calin C	is ta ba as	-4)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Company					Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87499							
If well produces oil or liquids, Unit Sec.				Rge.	Is gas actually connected? When				7			
give location of tanks.	il		<u> </u>		No	4e5		L	12.	-12-90		
If this production is commingled with th IV. COMPLETION DATA	at from any oth	er lease or	pool, g	ive comming	ling order nun	nber:						
D 1 . F . CO . L.	(37)	Oil Well	1	Gas Well	New Well	Workover	D	cepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		l		Χ	X Total Depth				P.B.T.D.	l	J	
Date Spandded 11/28/89		Date Compl. Ready to Prod. 2/7/90				2800			Surface			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
6023' GR	Frui	Fruitland Coal				2569'			2565.			
Perforations Open Hole Completion	- no nov	no ponfs on france							Depth Casing Shoe			
open note complection						CEMENTING RECORD						
HOLE SIZE		CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT			
12-1/4"	9-5	9-5/8"			268'			235 SX Class B 450 SX 65/35 POC 55				
8-3/4"		/8"			2569! 2565!			100 SX Class B Tai				
					2.70	J			100 3	- 0 1 a 5 5 - 1		
V. TEST DATA AND REQU	EST FOR	ALLOW	ABL	E .			- 11 la	da Canada	in dawk on ba	for Gill 2.1 hou	ere l	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of To		e of loa	d oil and mus	Producing 1	or exceed 10p Method (Flow	guowao , pump,	gas lift,	etc.)	joi juit 24 1101	<i>u s.j</i>	
Date That New Oil Rule To Talk	Date of Th	- nc			F	EPE	F V	NC Co	(a) (c	200	2 KC 10	
Length of Test	Tubing Pr	essure			Calledia	Searc C S	X V		Choke site			
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.			Waler - Bb	OCT 22	1990		G25- MC	MAR1	4 1991	
CACAUELL		<u></u>				LON	7.17	IV		OIL CO	N. DIV	
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Cond	icasa PHINT	1	-	Gravity of	Condensions	•	
1206		24			Bbls, Condensa DIST. 3							
l'esting Method (pitot, back pr.) Flowing		Tubing Pressure (Shut-in) 318			- '	ssure (Shut-in	1)		Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION						
I hereby certify that the rules and r	egulations of th	e Oil Cons	crvatio	n		OIL C	71 <i>1</i> 2				אוכ	
Division have been complied with is true and complete to the best of			iven ab	юvс	 Da	ite Appro	ved		JUN 0	5 1991		
St. Shin						O''' IS: II FRANK T GUAVER						
Signature W. Whaley, Staff Admin. Supervisor						By Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3						
Printed Name	(303)	830-4	7iu 280		Tit	le	,UFE	111201		1#3		
Date	, ,,,,,,,,	1	elepho	ne 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 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.