

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

District II  
811 South First, Artesia, NM 88210

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

District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

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

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address Amoco Production Company P.O. Box 800 Denver, Colorado 80201		<sup>2</sup> OGRID Number 000778
		<sup>3</sup> Reason for Filing Code CH
<sup>4</sup> API Number 3004528668	<sup>5</sup> Pool Name Basin Fruitland Coal	<sup>6</sup> Pool Code 71629
<sup>7</sup> Property Code 19589	<sup>8</sup> Property Name Stewart 19	<sup>9</sup> Well Number -2

II. <sup>10</sup>Surface Location

UI or lot no. L	Section 19	Township 30N	Range 10W	Lot.Idn	Feet from the 1743	North/South Line South	Feet from the 825	East/West Line West	County San Juan
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<sup>11</sup>Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
F									
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
	<i>After Change only</i>			

RECEIVED  
SEP 20 1996

IV. Produced Water

<sup>23</sup> POD	<sup>24</sup> POD ULSTR Location and Description
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OIL CON. DIV.  
DIST. 3

V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBTD	<sup>29</sup> Perforations	<sup>30</sup> DHC, DC, MC
<sup>31</sup> Hole Size	<sup>32</sup> Casing & Tubing Size	<sup>33</sup> Depth Set	<sup>34</sup> Sacks Cement		

VI. Well Test Data

<sup>35</sup> Date New Oil	<sup>36</sup> Gas Delivery Date	<sup>37</sup> Test Date	<sup>38</sup> Test Length	<sup>39</sup> Tbg. Pressure	<sup>40</sup> Csg. Pressure
<sup>41</sup> Choke Size	<sup>42</sup> Oil	<sup>43</sup> Water	<sup>44</sup> Gas	<sup>45</sup> AOF	<sup>46</sup> Test Method

<sup>47</sup> I 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: *Patty Haeefe*  
Printed Name: Patty Haeefe

Title: Staff Assistant

Date: 9/17/96 Phone: (303) 830-4988

Approved by: *[Signature]*  
SUPERVISOR DISTRICT #

Title:  
Approval Date: SEP 20 1996

<sup>48</sup> If this is a change of operator fill in the OGRID number and name of the previous operator  
McKenzie Methane Corp.

Previous Operator Signature Printed Name Title Date

New Mexico Oil Conservation Division  
C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED  
"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.
2. Operator's OGRID number. If you do not have one it will be assigned and  
filled in by the District Office.
3. Reason for filing code from the following table:

NW	New Well
RC	Recompletion
CH	Change of Operator
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.

4. The API number of this well.
5. The name of the pool for this completion.
6. The pool code for this pool.
7. The property code for this completion.
8. The property name (well name) for this completion.
9. The well number for this completion.
10. 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.
11. The bottom hole location of this completion.
12. Lease code from the following table:

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe
13. The producing method code from the following table:

F	Flowing
P	Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas transporter.
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.
17. MO/DA/YR of the expiration of C-129 approval for this completion.
18. The gas or oil transporter's OGRID number.
19. Name and address of the transporter of the product.
20. 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.
21. Product code from the following table:

O	Oil
G	Gas

22. 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.
23. 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.
24. 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," etc.
25. MO/DA/YR drilling commenced.
26. MO/DA/YR this completion was ready to produce.
27. Total vertical depth of the well.
28. Plugback vertical depth.
29. Top and bottom perforations in this completion or casing shoe and TD if  
openhole.
30. 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-ommingled completions in this well bore.
31. Inside diameter of the well bore.
32. Outside diameter of the casing and tubing.
33. Depth of casing and tubing. If a casing liner show top and bottom.
34. Number of sacks of cement used per casing string.

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.

35. MO/DA/YR that new oil was first produced.
36. MO/DA/YR that gas was first produced into a pipeline.
37. MO/DA/YR that the following test was completed.
38. Length in hours of the test.
39. Flowing tubing pressure - oil wells.  
Shut-in tubing pressure - gas wells.
40. Flowing casing pressure - oil wells.  
Shut-in casing pressure - gas wells.
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:

F	Flowing
P	Pumping
S	Swabbing

If other method please write it in.
47. 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.
48. 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.