State of New Mi Submit 5 Copies
Appropriate District Office
DISTRICT
DISTRICT Energy, Minerals and Natural Re

Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

O. Box 1980, Hobbs, NM 88240	OIL	CON	SERVA	TION D	IVISIO	N				
STRICT O. Drawer DD, Antesia, NM 88210	x 2088									
ISTRICT III		Santa	Fe, New Me	xico 8750	4-2088			,		
OUU Rio Brazos Rd., Aztec, NM 87410	REQUEST	FOR	ALLOWAB	LE AND A	UTHORIZ	ZATION S				
TO TRANSPORT OIL AND NATU						Well API No.				
Amoco Production Company					3004510170					
Address 1670 Broadway, P. O.	Roy 800 De	nver	Colorado	80201						
Reason(s) for Filing (Check proper box)				Othe	t (Please expla	in)				
New Well	Chang		sporter of:							
Recompletion X	Oil Casinghead Gas	Dry								
I change of operator give name	neco Oil E			Jillow I	Englewoo	d Color	ado 801	55		
no address to previous operator		αι,	0102 5.	11104,	III I I I I	<u>u, uorur</u>	224 - 234			
I. DESCRIPTION OF WELL	AND LEASE	No Il	I Name Includio	no Formation		 1		Lc:	ase No.	
Lease Name HEATON COM LS	9	Well No. Pool Name, Including 9 BLANCO (PICT			TURED CLIFFS) FEDE					
Location	= == तत्त्	17	150		TACC)		1		
Unit Letter B	1200 -	Fec	t From The FN	L Line	and 1800	Fce	t From The _	PWL.	Line	
Section 32 Townsh	31N	Rar	gel 1W	, NI	мРМ,	SAN JU	JAN		County	
IL. DESIGNATION OF TRA Name of Audigrized Transporter of Oil		F ()1L /	AND NATU	Address (Giv	e address to w	hich approved	copy of this fo	rm is to be set	น)	
arme of Authorized Transporter of Casinghead Gas or Dry Gas [X				Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1492, EL PASO, TX 79978					น)	
EL PASO NATURAL GAS CO	Unit Sec.	Tw	p. Rge.	is gas actuall		When		21.9		
ove location of tanks. I this production is commingled with the	I I I I I I I I I I I I I I I I I I I	se or pool	give comming	ing order num	ber:					
IV. COMPLETION DATA							Mus Back 1	Cuma Par v	Dilf Res'v	
Designate Type of Completion		Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res v]	
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
				Ton Oil/Cas	Top Oil/Gas Pay			Tubing Depth		
Tevations (DF, RKB, RF, GR, etc.) Name of Producing Formation				TOP OIL OIL TEY			Tubing Depth			
Perforations				-				Depth Casing Shoe		
	21101	NC C	CINC AND	CEMENTI	NG RECOR	SD	l			
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
]			
V. TEST DÁTÁ AND REQU	EST FÖR ÅLL	OWAB	LE	-		laurable (at thi	s double or he i	for full 24 hou	vs.)	
OIL, WELL (Test must be after Date First New Oil Run To Tank	r recovery of total vi	olume of t	oad oii and mus	Producing M	lethod (Flow, p	nump, gas lýt,	nc)	Vaturanie		
TARE LEAR LICK CHI KOM TO THOS	Traile on the s	Date of the						Choke Size		
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			CHOICE STOR		
Actual Prod. During Test	Oil - Bbls.			Water - Bbli	<u> </u>		Gas- MCF			
Actual Tito During Tem	0			J			J			
GAS WELL								, 		
Actual Prod. Test - MCI/D	Length of Test			Bbls. Cende	nsate/MMCF		Gravity of C	Condensate		
Testing Method (puot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF		OMPL	IANCE	\f			_L			
Thereby certify that the rules and re	gulations of the Oil	Conscival	ion		OIL CO	NSERV	ATION	DIVISIO	NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					MAY 0.8 1000					
is true and complete to the oest of my knowledge and better.				Dat	Date Approved					
Suparture J. Han	noton			Ву	<u>.</u>	SUPE	VISION	DISTRIC	T#3	
J. L. Hampton	Sr. Staff A	dmin;	Suprv			41			- ,, 0	
Printed Name Tanaury 16 1989	7		ule 0-5025	Title	Э					

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

Date

- 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.

Telephone No.

- 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.