DISTRICT II P.O. Drawer DD, Artesia, NM 88210 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., Aztec, NM 87410	REQUEST FO	OR ALLOWA			ZATION				
I.	TO TRA	NSPORT OIL	L AND NA	TURAL G					
Operator Amoco Production Company				Well API No. 3004526799					
Address 1670 Broadway, P. O. 1	Box 800, Denve	er, Colorad	o 8020	<u> </u>	7 10 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
Reason(s) for Filing (Check proper box)			<del></del>	er (l'lease expl	ain)				
New Well	· · · ·	Transporter of:							
Recompletion Change in Operator	_,	Dry Gas Condensate							
M. A	neco Oil E & F		Willow.	Englewoo	od. Colo	rado 80	 155		
II. DESCRIPTION OF WELL									
Lease Name	Well No.	Pool Name, Include	ing Formation				L	ease No.	
FIELDS	14 1	BLANCO (PIC	TURED CI	JFFS)	FEDE	RAL	NMO1	0989	
Location Unit Letter #F	: 1450	Feet From The FN	L Lin	e and 1450	Fe	et From The	FWL	Line	
Section 25 Township	p32N	Rangel 1W	, N	мгм,	SAN J	UAN		County	
III. DESIGNATION OF TRAN	SPORTER OF OI	L AND NATU							
Name of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)								
If well produces oil or liquids,	· · · · · · · · · · · · · · · · · · ·	P. O. BOX 1492, EL PASO, Is gas actually connected? When							
give location of tanks.	1   1	Twp.   Rge.	is gas actual	y connected?	l waca	,			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or p	ool, give comming	ling order num	ber:					
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spruided	Date Compl. Ready to	Prod.	Total Depth	L		P.B.T.D.		- <b>L</b>	
Elevations (DF, RKB, RT, GR, etc.)	R, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
Perforations	L				Depth Casing Shoe				
	TUDING	CACINIC AND	CTATACACT	NG DECOR		<u> </u>			
HOLE SIZE	CASING & TU	CEMENTING RECORD  DEPTH SET			SACKS CEMENT				
			out in out						
<u></u>						ļ <u>-</u>			
V. TEST DATA AND REQUES			l			1			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	f load oil and must		exceed top allo thod (Flow, pu	<del></del>		r full 24 how	rs.)	
The First Con Nati To Talk	Date of Text		i roducing in	.u.o. (1 10w, p.	erip, gas 191, c				
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.			Gas- MCF				
GAS WELL						·			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Condensate				
lesting Method (pilot, back pr.)	Tubing Pressure (Shut	Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICA	ATE OF COMPI	LIANCE	1						
I hereby certify that the rules and regulations of the Oil Conservation			OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approved MAY 0.8 1989						
	/ -		Date	Approve	d <u>M</u> /	41 00 191	۲,		
4. J. Hampton					スニル	- Char	~/		
Signature  I L Hampton Sr Staff Admin Superv				SUPERVISION DISTRICT # 3					
J. L. Hampton Sr. Staff Admin. Suprv. Printed Name Tutle			Title		POPEKAT	OTON DID.			
Janaury 16, 1989 303-830-5025 Date Telephone No.								·,	

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

- 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.