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Appropriate District Office
DISTRICE!
P.O. Box 1980, Hobbs, NM 88240

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

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

OXX Rio Brazos Rd., Aziec, NM 87410	BEOLIES	ST FO	BAI	IOWAR	LE AND A	UTHORIZ	'ATION				
•								•			
TO TRANSPORT OIL AND NATURAL GA							Well API Na				
AMOCO PRODUCTION COMPANY							30-045-27743				
P.O. BOX 800, DENVER,	COLORADO	80201									
cason(s) for Filing (Check proper box)					Other	t (Please expla	in)				
cw Well XX	Oil	ange in T	ranspor Dry Gar								
Completion Unange in Operator	Casinghead G		Condens	_							
change of operator give name							<u>-</u>	 			
nd address of previous operator I. DESCRIPTION OF WELL	ANDIEASI	F.		.···							
Lease Name	ng Formation		Kind o	Lease Lease No.							
BAINES B		21 1	BASI	N FRUI	rland co	AL GAS		FED.	SF 0	78039	
ocation	. 1250'				c	Ω	00 Ea		W		
Unit LetterM	:1250	}	Feet Fro	om The	S Line	and8	Fe	et From The		Line	
Section 13 Townsh	ip 32N		Range	11W	, NN	IPM, S	AN JUAN			County	
II. DESIGNATION OF TRAI	NSPORTER	OF OII	LAN	D NATU	RÁL GAS			· · · · · · · · · · · · · · · · · · ·			
Name of Authorized Transporter of Oil	or or	Condensi	ale		Address (Giw	e address to wi	tich approved	copy of this f	orm is to be se	ntj	
lame of Authorized Transporter of Casinghead Gas or Dry Gas [XX]					Address (Give address to which approved copy of this form is to be sent)						
AMOCÓ PRODUCTION CO.	MOCO PRODUCTION CO.				P.O. B	OX 800,		CO 80201			
If well produces oil or liquids,	Unit Se	c.	Τ \νρ.	Rge.	is gas actually	y connected?	When	7			
f this production is commingled with tha	I from any other l	lease or p	ool, giv	ve comming	ling order numb						
V. COMPLETION DATA		•									
Designate Type of Completion		Oil Well	_ (Gas Well	New Well	Workover	Deepen	Plug Dack	Same Res'v	Diff Res'v	
Date Spudded	I	Date Compl. Ready to Prod.			XX Total Depth			P.B.T.D.			
7/23/90		10/18/91			2950'			2950'			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
6128 GR	FRUITLAND				2690'			255 t Depth Casing Sloce			
l'erforations	7/0	10-	20	41				Zejan Can		•	
Open Hole Completic	on Le 7	BING.	CASI	NG AND	СЕМЕНТІ	NG RECOF	SD CD				
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
	8	8 5/8"			256'			Surf. 170 SX CL B W/2			
· 12 1/4" 7 7/8"	5	5 1/2"			3157'			CACL ₂ (1ST STG)100 SX			
		2 3/8"				2551'			CL B 65/35 POZ TAIL		
W/200 SX CL B NEAT. (2 V. TEST DATA AND REQU					5 POZ, T	ATT M/90) SX CL	B NEAT.			
OIL WELL (Test must be after	r recovery of lota	l volume (of load	oil and mu	i it be equal to o	r exceed top al	lowable for th	is depth or be	for full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of Test					Producing Method (Flow, pump, gas lift,			S W		
Length of Test	Tubing Press	Tubing Pressure			Casing Pressure			Chair Siz DCT 2 8 1991			
	07. 111	Oil - Ubls.						Cat-OH CON. DIV			
Actual Prod. During Test	Oil - Boir					Water - Bbis.			\ DIST. 3		
GAS WELL	· · · · · · · · · · · · · · · · · · ·										
Actual Prod. Test - MCI/D	Length of Te	ખ			Bbls. Conde	nsate/MMCF			Condensate O		
6380	Tubing Press	24 Tubing Pressure (Shut-in)			Casing Pressure (Shul-in)			Choke Size			
FLOWING.	440					830			75		
VI. OPERATOR CERTIF		COMI	PLIA	NCE		OIL CO	MCEDI	/ΔΤΙ <u></u> ΛΝ	ו אוכו	ON	
I hereby certify that the rules and re	gulations of the C	Dil Consci	rvation			OIL CO				011	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Dat	Date Approved					
1 1000 0 /11/2	000	. 12	So	4.		o iddi i c					
Joug whaliy for					Ву.	ORIG	NAL SIGNE	D BY ERNI	E BUSCH		
Doug W. Whaley, Staff Admin. Supervisor					11	Title DEPUTY OIL & GAS INSPECTOR, DIST. #3					
Printed Name	91		Title	4280	Title	e DEPUTY	UIL & UAS	HOI LCIU			
Date (V)		Tel	ephone	No.							
· · · · · · · · · · · · · · · · · · ·						100			41 1 1 1		

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.

the most in multiply completed wells