## 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

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

Santa Fe, New Mexico 87504-2088

| OW Rio Brazos Rd., Aztec, NM 87410   | REQ  |                                   |                 |               |                 | AUTHOR  |                |  |                                       |             |               |  |
|--|--|-----------------------------------|-----------------|---------------|-----------------|---|----------------|--|---------------------------------------|-------------|---------------|--|
| Operator   |  | TO TRA                            | NSP             | ORT O         | IL AND NA       | TURAL G   | AS Well 7      | PI No.   | · · · · · · · · · · · · · · · · · · · | <del></del> | _             |  |
| AMOCO PRODUCTION COMPANY   |  |                                   |                 |               |                 | 3004524712  |                |  |                                       |             |               |  |
| Address<br>P.O. BOX 800, DENVER,   | COLORA   | DO 8020                           | 1               |               |                 |   |                |  |                                       |             |               |  |
| Reason(s) for Filing (Check proper box)  |  | Oi-                               | T               | and an of the | O               | het (l'iease exp  | lain)          |  |                                       |             | $\neg$        |  |
| New Well U   | Oil  | Change in                         | Dry Ga          |               |                 |   |                |  |                                       |             |               |  |
| Change in Operator   | Casinghe   | ad Gas                            | Conden          | sale 🖳        |                 |   |                |  |                                       |             |               |  |
| change of operator give name<br>ad address of previous operator  |  |                                   |                 |               |                 |   |                | · · · · · · · · · · · · · · · · · · ·                  |                                       |             |               |  |
| I. DESCRIPTION OF WELL.  | ding Formation                                   | Formation Kind of Lease Lease No. |                 |               |                 |   |                |  |                                       |             |               |  |
| NEAL   | Well No.   Pool Name, Including 20E   BASIN (DAK |                                   |                 |               |                 |   |                | DERAL SF078051   |                                       |             |               |  |
| Location C   |  | 790                               |                 | _             | FNL             |   | 1490 🖼         | at Easter The  | FWL                                   | Line        |               |  |
| Unit Letter  | _ :<br>_ 32N                                     |                                   | . Feet From The |               | t.1             | Lane and  |                | Feet From The  |                                       |             |               |  |
| Section 55 Township  | P  | .11                               | Range           | 11            | <u>w</u> ,,     | NMPM,   | SA             | N JUAN   |                                       | County      |               |  |
| II. DESIGNATION OF TRAN  | SPORTE   |                                   |                 | D NAT         | URAL GAS        | ine address to n  | which approved | conv of this fu  | em is to be se                        | mt)         | _             |  |
| Name of Authorized Transporter of Oil or Conde   |  |                                   |                 |               | 1               |   | • •            | copy of this form is to be sent)  FARMINGTON, NM 87401 |                                       |             |               |  |
| Name of Authorized Transporter of Casing<br>EL PASO NATURAL GAS CO   |  |                                   |                 | Gas           | ' '             | Address (Give address to which a  |                | pproved copy of this form is to be sent) PASO TX 79978 |                                       |             |               |  |
| f well produces oil or liquids,<br>ive location of lanks.  | Unit   | Soc.                              | Twp.            | Rg            | e. Is gas actua |   | When           |  |                                       |             |               |  |
| this production is commingled with that V. COMPLETION DATA   | from any ot                                      | her lease or                      | pool, giv       | e commi       | gling order sur | nber:   |                |  |                                       |             |               |  |
|  |  | Oil Well                          | -1-0            | Gas Well      | New Well        | Workover  | Deepen         | Plug Back  | Same Res'v                            | Diff Res'v  | $\overline{}$ |  |
| Designate Type of Completion - (X)  set Spudded Date Completion  |  | nol. Ready to                     | Ready to Prod.  |               |                 | 1   |                | P.B.T.D.   |                                       | <u> </u>    | $\dashv$      |  |
| •  |  |                                   |                 |               | To Olivon       | F. AWG. Day   |                |  |                                       |             | _             |  |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation   |  |                                   |                 |               | 10p Olivori     | Top Oil/Gas Pay Tubing Depth  |                |  |                                       |             |               |  |
| 'erforations   |  |                                   |                 |               |                 |   | Depth Casing   | Depth Casing Slice                                     |                                       |             |               |  |
| TUBING, CASING AN  |  |                                   |                 |               | CEMENT          | ING RECO  | RD             |  |                                       |             |               |  |
| HOLE SIZE  | CASING & TUBING SIZE                             |                                   |                 |               |                 | DEPTH SET   |                |  | SACKS CEMENT                          |             |               |  |
|  |  |                                   |                 |               |                 |   |                |  |                                       |             |               |  |
|  |  |                                   |                 |               | _               |   |                | <u> </u>   |                                       |             |               |  |
| V. TEST DATA AND REQUES  | ST FOR   | ALLOW                             | ABLE            |               | •               |   |                |  |                                       | 1           |               |  |
| IL WFLL (Test must be after recovery of total volume of load oil and must.) Date First New Oil Rus To Tank Date of Test            |  |                                   |                 |               |                 | be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.) |                |  |                                       |             |               |  |
|  |  |                                   |                 |               | Cont Car        | EL GO P   | B 68 59 6      | *Shoke Size  |                                       |             |               |  |
| Length of Test   | Test Tubing Pressure                             |                                   |                 |               |                 | ECE   |                |  |                                       |             |               |  |
| Actual Prod. During Test   | Oil - Bbls.                                      |                                   |                 |               | Marf 13 P       | Wall lote FEB 2 5 1991  |                |  |                                       |             |               |  |
| GAS WELL   | .1   |                                   |                 |               |                 |   |                | _l   | ···                                   |             |               |  |
| Actual Prod. Test - MCI/D  | Length of Test                                   |                                   |                 |               | Bbis. Cont      | Blic Ollaiston. DIV. DIST. 3  |                |  | Gravity of Condensate                 |             |               |  |
| esting Method (pitot, back pr.)  | Tubing Pressure (Shul-in)                        |                                   |                 |               | Casing Pres     | Casing Pressure (Shut-in)   |                |  | Choke Size                            |             |               |  |
| VI ODED ATOD CEDTIFIC  | ATEO   | E COM                             | PLIAN           | NCF           | -\              |   |                | <u> </u>   |                                       |             |               |  |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE 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. |  |                                   |                 |               | Da              | FEB 2 5 1991  |                |  |                                       |             |               |  |
| NIL M.   |  |                                   |                 |               | Da              | Date Approved   |                |  |                                       |             |               |  |
| Signature  |  |                                   |                 |               |                 |   | المندك         |  |                                       |             |               |  |
| Signature  Boug W. Whaley, Staff Admin. Supervisor  Printed Name   |  |                                   |                 |               | Titl            | SUPERVISOR DISTRICT /3  |                |  |                                       |             |               |  |
| February 8, 1991   |  |                                   | 830=4           |               | .    ''''       | ·   |                |  |                                       |             |               |  |
|  |  |                                   |                 |               |                 |   |                |  |                                       |             |               |  |

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.