Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

I.	REQL	JEST F	OR A	LLOWA ORT O	ABLE AND IL AND NA	AUTHOR	RIZATION GAS				
Operator Amoco Production Comp	Well Al'I				Pl No.						
Address 1670 Broadway, P. O. Box 800, Denver, Colora											
Reason(s) for Filing (Check proper box)	Box 800	, Denv	er, (Colora			,				
New Well		Change in	Transpo	orter of:		het (Please exp	plain)				
Recompletion Change in Operator	Oil Casinghead		Dry Ga								
If change of manufacture					t/2 1 1	r 1					
II. DESCRIPTION OF WELL	ANDIEA	CE.		102 3.	Willow,	Englewo	od, Colo	rado 8	0155		
Lease Name			Pool N	ame, Includ	ling Formation		I			case No.	
MOORE COM Location	COM 1E BASIN (DAF					OTA) FROI			ERAL 71019378		
Unit Letter M	: 810)	Feet Fr	om The $ ilde{ ext{FS}}$	SL Lin	e and 810	Fo	et From The			ine
Section 25 Townshi	, N	мрм,	SAN J	SAN JUAN County			<u></u>				
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	OF OI or Conden	L ANI	D NATU	RAL GAS						
CST	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)										
EL PASO NATURAL GAS COMPANY If well produces oil or liquids, Unit Sec. Twp. Rgc.					P. O. BO	X 1492,	EL PASO	TX 79978			
give location of tanks.	i i	į	•	Rge.	'		When	7			
If this production is commingled with that I IV. COMPLETION DATA			ool, give	comming	ling order numb	xer:					
Designate Type of Completion	- (X)	Oil Well	l G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'	v
Date Spudded	Date Compl. Ready to Prod.				Total Depth		I	P.B.T.D.		_L	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations					Top Oil/Gas Pay			Tubing Depth			
					L			Depth Casing Shoe			
TUBING, CASING AND					CEMENTIN	C RECOR	D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET	D	SACKS CEMENT			
	·				A. A						
. TEST DATA AND REQUES	r kod at	TAWA	D1 16								
IL WELL (Test must be after red	covery of total	volume of	load oil	and must b	be equal to or e	exceed top allo	wable for this	depth or he f	or full 24 hour	- 1	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	Tubing Pressure				Casing Pressure	e		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Hbls.			Gas- MCF			
GAS WELL											
Actual Prod. Test - MCI/D	Length of Test	ı		1	Bols. Condensa	IIc/MMCF		Gravity of Co	ondensate		
esting Method (pitot, back pr.)	fethed (pitot, back pr.) Tubing Pressure (Shul-in)				Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFICA	TE OF C	OMPL	IANC	·F	·						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information gives above				OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.				Date Approved MAY 0.8 1989							
4. J. Hampton											
Suprive J. L. Hampton Sr. Staff Admin Supriv					By Bin Show						
Printed Name Talle Talle					SUPERVISION DISTRICT # 3						
Date 303-830-5025 Telephone No.					F100						

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
- 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.