Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State of New A Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III		Santa F	e, New	Mexico 87	504-2088					
1000 Rio Brazus Rd., Aztec, NM 1	87410 REC	UEST FOR A	LLOW	ABLE AND	OHTUA (RIZATIO	۱ N			
I. Operator		TO TRANSP	ORT	OIL AND N	ATURAL (GAS	14			
1 .	Co	-					II API No.			
Amoco Production Company							004526790			
1670 Broadway, P.	O Roy RO	n n								
Reason(s) for Filing (Check proper	box box	, Denver,	Colora							
New Well	501)	Channel in Tr		☐ Ot	her (l'lease exp	olain)				
Recompletion []	Oil	Change in Transpo		1						
Change in Operator		Dry Ga ad Gas [] Conder	18 € [7]	J 1						
If change of operator give name										
and address or previous operator	Tenneco Ui	1 E & P, 61	162 S.	Willow,	Englewo	od, Col	orado 8	0155		
TO DESCRIPTION OF WE	ELL AND LE	ASE					<u> </u>	01,7,5		
Lease Name STOREY A		Well No. Pool Na	ame. Inclu	ding Formation						
		2 BLANC	O (PI	CTURED CI	LIFFS)	EED	ERAL		Lease No.	
Location						FED	EKAL	NMO	48	
Unit LetterA	. 10	40 Feet Fro	. F	NL	800			PPT		
25		real Pro	on the _	Lin	e and OUU	I	feet From The	FEL	Lin	
Section 35 Tov	Township 32N Range 11W		1W	SAN SAN		SAN	JUAN			
•••					МРМ,	DAM	JUAN		County	
III. DESIGNATION OF THE	RANSPORTE	R OF OIL AND) NATI	IRAL GAS						
Name of Authorized Transporter of	ار ² ابر ²		7	Address (Give	e address to wi	hich opprave				
UK.	·	· }	/ .	1		men upprove	а сору ој та	orm is to be s	eni)	
Name of Aithorized Transporter of C EL PASO NATURAL GAS	asinghead Gas	or Dry C	as X	Address (Give	e address to wh	ich ann au				
	COMPANY			P. O. BO	X 1492,	EL PASC	acopy oy thus f). TX 70	orm is to be si 9978	eni)	
If well produces oil or liquids, give location of tanks.	Unit	Sec. Twp.	Rge.	ls gas actually	connected?	When	The state of the s	77/0		
			1			1	1 7			
If this production is commingled with IV. COMPLETION DATA	that from any othe	r lease or pool, give	comming	ling order numb	er:					
TY. COMILETION DATA										
Designate Type of Completi	ion - (Y)	Oil Well Ga	s Well	New Well	Workover	Decoen	Plug Back	le	-	
Date Spudded		l <u></u> _		1 1		Despen	i tink track	Dame Kerv	Dilf Res'v	
	Date Compt.	Ready to Prod.		Total Depth			P.B.T.D.			
evations (DF, RKB, RF, GR, etc.) Name of Producing Formation										
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								•		
							Depth Casing	Shoe		
		IDING GLOWING								
HOLE SIZE	CASH	BING, CASINO	AND (CEMENTIN	G RECORD)				
	CASI	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
=									121	
. TEST DATA AND REQUI	EST FOR AL	LOWARIE	J.							
IL WELL (Test must be after	recovery of Intal	volume officed office		_						
Pale First New Oil Run To Tank	Date of Test	volume of load oil a	na musi b	e equal to or ex	ceed top allow	able for this	depth or be for	full 24 hours	.)	
				Producing Metho	xt (Flow, pum	r, gas lýt, etc	:)		M MALES	
ength of Test	Tubing Pressu	re		Canina D		 ,				
		.•		Casing Pressure		1	Clioke Size			
ctual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis					
			- 1	vacer - more			Gas- MCF			
AS WELL										
tual Provi. Test - MCF/D	TOTAL CONTRACTOR SOOT									
inet/b	Length of Test		B	bls. Condensate	MMCF		Jiavity of Con	densate		
ting Method (pitot, back pr.)	Tubing Pressure (Shut-in)									
, and a second project of	ruonig riessun	c (Sunt-in)	C	Casing Pressure (Shut-in)			Choke Size			
ODED ATOD GODON	_1					1				
OPERATOR CERTIFIC	TATE OF CO	OMPLIANCE	: 11			1.				
i nerroy certify that the rules and requi	lations of the thirt of	·	- []	OIL	CONS	ERVA"	TION DI	VISION	l	
Division have been complied with and is true and complete to the best of my	that the information	on given above	Ш					*10101	1	
			- 11	_		44.5				
U. L. Handt.			- 11	Data Ar	mround	Date ApprovedMAY_0 8_1000				
(h. d. H.	17-	ncı.		Date Ap	proved .	MA	08 199	<u>a</u>		
J. J. Stam	pton	net.	_		proved .	MA\	(0.8 199 ~/	0		
L. Hampton Sr	pton		-	Date Ap	oproved 3		(0 8 100 Cham	<u> </u>		
System J. Slann L. Hampton Sr	Staff A	imin Supry	-	Ву	7	زب	de	/		
L. Hampton Sr	Staff A	lmin. Supry	-		7	زب	ON DIST	/		

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.