Subnut 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT.III

Santa Fe, New Mexico 87504-2088

IOO Rio Brazos Rd., Aztec, NM 87410						AUTHOR					
Operator Day 4 4 C							Well API No.				
Amoco Production Company						3004509806					
1670 Broadway, P. O. F	30x 800	, Denv	er,	Colora	do 8020	1					
Reason(s) for lating (Check proper box)		Channe in	T		□ O	her (Please exp	lain)				
New Well	Oil		Dry 0								
					Willow,	Englewoo	od, Colo	cado 80)155		
II. DESCRIPTION OF WELL	AND LE								· · · · · · · · · · · · · · · · · · ·		
Lease Name ATLANTIC B LS	Well No. Pool Name, Includin 8 BLANCO (MES.					· ·			Lease No.		
Location					SHVERIZE)	(EDE			RAL SF080917		
Unit Letter M 990 Feet From The FSI						Line and 990 Feet From The FWL Line					
Section 3 Township	,30N		Rang	e10W	!	мрм,	SAN J	UAN		County	
III. DESIGNATION OF TRANS	SPORTE	R OF O	IL A	ND NAT	URAL GAS	3					
Name of Authorized Transporter of Oil [or Condensate X]						Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						P. O. BOX 1429, BLOOMFIELD, NM 87413 Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS COMPANY						P. O. BOX 1492, EL PASO, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rg 	e. Is gas actua	lly connected?	When	7			
If this postuction is commingled with that f	rom any oth	er lease or	pool,	give commir	gling order nur	nber:					
IV. COMPLETION DATA		Oit Well		Gas Well	New Wei	Workover	Deepen	Plug Nack	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)	l l	i	Cas Well	İ	i	Deepen	rog nack		l l	
Date Spudded	Date Compt. Ready to Prod.				Total Depth	Total Depth			P.B.T.D.		
Clevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gai	Top Oil/Gas Pay Tub			bing Depth		
Perforations					_ I	Depth Casing Shoe					
TUBING, CASING AND						ING RECO	RD	!			
HOLE SIZE	CASING & TUBING SIZE				_	DEPTH SET			SACKS CEMENT		
A Company of				-							
V. TEST DATA AND REQUES	 T FÖR A	JLOW	añi.i	Ē.	J			1			
OIL WELL (Test must be after recovery of total volume of load oil and must						or exceed top all Method (Flow, p			for full 24 hou	rs.)	
Length of Test	Tubing Pressure				Casing Pres	Casing Pressure			Choke Size		
					Water - Bbl	Water Dhia			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Water - Bor	TALCE - DUIS.					
GAS WELL							*				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pres	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICAL Thereby certify that the rules and regula	tions of the	Oil Conser	vation			OIL CO	VSERV/	ATION	DIVISIO)N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Dat	e Annrove	ad Mi	AY 08 1	ряр		
and Than stand						2 > 2/					
Signature . O law poor					By_	By Supervision district # 3					
J. L. Hampton Sr. Staff Admin. Suprv.					Title	2	SUPERVI	sion di	STRICT #	3	
Janaury 16, 1989		303-8 Tele	330- phone		Title	·					

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.