Submit 5 Copies Appropriate District Office DISTRICT I 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 Buttom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III

UXXX Rio Brazas Rd., Aztec, NM 87410	REQL	JEST FO	R AL	LLOWAE	BLE AND AUTHORI	ZATION			
•					AND NATURAL GA	AS .	174 S.F.		
Operator - Amoco Production Compa		Well API No.							
Address		3004522989							
1670 Broadway, P. O. 1	Box 800	, Denve	r, (Colorad	o <u>80201</u>				
Reason(s) for Filing (Check proper box)					Other (Please expla	iin)			
New Well [.] Recompletion [.]	Oil	Change in 1	i ranspo Dry Ga	()					
Change in Operator		d Gas 🔲	-						
f change of operator give name nd address of previous operator Tent	neco Oi	1 E & P	, 61	162 S.	Willow, Englewoo	d, Colo	rado 80	155	
I. DESCRIPTION OF WELL	AND LE	ASE							
case Name Well No. Pool Name, Including					ing Formation	ig Formation			ase No.
ATLANTIC B LS	3A BLANCO (MESA			CO (MES	AVERDE)	RAL SF080917			
Location I	18	00		FS	T 925			EEI	
Unit Letter	. :		Fect Fr	om The FS	L Line and 825	Fe	et From The	LEL	Line
Section 4 Township	,30N		Range	10W	, NMPM,	SAN J	UAN		County
H. DECIGNATION OF TRANS	CDARTE	n or on		IN NIATEI	DAL CAC				
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPURIE	or Condens			RAL GAS Address (Give address to wh	ich approved	copy of this	form is to be se	ni)
CONOCO					P. O. BOX 1429, BLOOMFIELD, NM 87413				
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)				
EL PASO NATURAL GAS CON		Sec.	Twp.	Rue	P. O. BOX 1492, is gas actually connected?	EL PASO When		9978	
give location of tanks.				1		i			
f this production is commingled with that	from any ou	er lease or p	ool, giv	ve conuming	ling order number:				
V. COMPLETION DATA		-10" W ii	-ı-,	O . W.H	New Well Workover		I Nue Dest	le Bash	haire Barby
Designate Type of Completion	- (X)	Oil Well 	' '	Gas Well	New Well Workover	Deepen	Plug Isack	Same Res'v	Diff Res'v
Date Spended	Date Compl. Ready to Prod.				Total Depth	A	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations					Top Oil/Gas Pay	Taking Donah			
					, top one out ray	Tubing Depth			
					1		Depth Casi	ng Shoe	
			a : a ::		CELEBRA DECOR		<u> </u>		
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET		SACKS CEMENT		
TIOLE OILE	ONSINO U TODINO GIZE			0,22					
v. TEST DATA AND REQUES	T ST FÖR /	ALLOWA	BLE				1		
-				oil and musi	be equal to or exceed top allo			for full 24 hou	rs.)
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pu	etc.)	(c.)		
Length of Test	Tubing Pressure				Casing Pressure	Choke Size			
P	Tuong Pressure								
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.	Gas- MCF			
	1								
GAS WELL Actual Prod. Test - MCF/D	m cenerar	1625. ···			Bbls. Condensate/MMCF		Telanii ac	Condensale	
Actual Frod. Test - MCP/D	Length of Test				Boils. Condensate/NIMCF	Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)		Choke Size		
	l								
VI. OPERATOR CERTIFIC				NCE	OIL CON	ISERV	ΔΤΙΩΝ	DIVISIO	M
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION				
is true and complete to the best of my knowledge and belief.					MAY 08 1999 Date Approved				
1 1 st					Balle Appliove	~ つ.	1) 6	1 /	
J. J. Slamplon					Ву			many .	
J. L. Hampton Sr. Staff Admin. Suprv.						SUPER	A 72 LON	DISTRIC	7#3
Printed Name Janaury 16, 1989			Title	•	Title				
Date		w	hone N						

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.