

District I
 PO Box 1980, Hobbs, NM 88241-1980
 District II
 70 Drawer DD, Artesia, NM 88211-0719
 District III
 1600 Rio Brazos Rd., Aztec, NM 87410
 District IV
 PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
 Energy, Minerals & Natural Resources Department

Form C-1
 Revised February 10, 19
 Instructions on back
 Submit to Appropriate District Office
 5 Copies

OIL CONSERVATION DIVISION
 PO Box 2088
 Santa Fe, NM 87504-2088

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Amoco Production Company Attn: Tom G. Tullos (17.166) P. O. Box 4891 Houston, Texas 77210		OGRID Number 00778
		Reason for Filing Code CO 08/01/96
API Number 30 - 0 25 - 26109	Pool Name Hardy; Blinebry	Pool Code 29710
Property Code 1109	Property Name State "C" Tract 11	Well Number 8

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
W	2	21-S	36-E		810	South	1980	East	Lea

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
W	2	21-S	36-E		810	South	1980	East	Lea

Lee Code	Production Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
S	P				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
138648	Amoco Pipeline Intercorporate Trucking 502 N. West Avenue Levelland, TX 79336	42310	Ø	

IV. Produced Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

"I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Tom Tullos*

OIL CONSERVATION DIVISION

Approved by: *[Signature]*

Printed name: Tom G. Tullos

Title: *[Signature]*

Title: Senior Business Analyst

Approval Date: *[Signature]*

Date: August 01, 1996

Phone: (713) 366 - 7337

"If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

IF THIS IS AN AMENDED REPORT CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60".
Report all oil volumes to the nearest whole barrel.

A request for approval for a newly drilled or reopened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for successful requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address
 2. Operator's OQRID number. If you do not have one it will be assigned and filed in by the District office.
 3. Reason for filing code from the following table:

NW	New Well
RC	Recompletion
CH	Change of Operator
AO	Add oil/condensate transporter
CO	Change oil/condensate transporter
AG	Add gas transporter
CG	Change gas transporter
RT	Request for test allowable (include volume requested)

 If for any other reason write that reason in this box.
 4. The API number of this well
 5. The name of the pool for this completion
 6. The pool code for this pool
 7. The property code for this completion
 8. The property name (well name) for this completion
 9. The well number for this completion
 10. The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the "UL or lot no." box. Otherwise use the OCD unit letter.
 11. The bottom hole location of this completion
 12. Lease code from the following table:

F	Federal
S	State
P	Fee
J	Jeanette
N	Navaho
U	Ute Mountain Ute
I	Other Indian Tribe
 13. The producing method code from the following table:

F	Flowing
P	Pumping or other artificial lift
 14. MO/DAYR that this completion was first connected to a gas transporter
 15. The permit number from the District approved C-129 for this completion
 16. MO/DAYR of the C-129 approval for this completion
 17. MO/DAYR of the expiration of C-129 approval for this completion
 18. The gas or oil transporter's OQRID number
 19. Name and address of the transporter of the product
 20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.
 21. Product code from the following table:

O	Oil
G	Gas
 22. The U.S.STR location of this POD if it is different from well completion location and a short description of the well (Example: "Battery A", "Jones CPD", etc.)
 23. The POD number of the storage from which water is not from this property. If this is a new well or recompletion this POD has no number the district office will assign number and write it here.
 24. The U.S.STR location of this POD if it is different from well completion location and a short description of the well (Example: "Battery A Water Tank", "Jones CPD W Tank" etc.)
 25. MO/DAYR drilling commenced
 26. MO/DAYR this completion was ready to produce
 27. Total vertical depth of the well
 28. Plug-in vertical depth
 29. Top and bottom perforation in this completion or a shoe and TD if openhole
 30. Inside diameter of the well bore
 31. Outside diameter of the casing and tubing
 32. Depth of casing and tubing. If a casing liner shows the bottom.
 33. Number of sacks of cement used per casing string
- The following test data is for an oil well it must be from a conducted only after the total volume of load oil is recovered.
34. MO/EAYR that new oil was first produced
 35. MO/EAYR that gas was first produced into a pipeline
 36. MO/EAYR that the following test was completed
 37. Length in hours of the test
 38. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
 39. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
 40. Diameter of the choke used in the test
 41. Barrels of oil produced during the test
 42. Barrels of water produced during the test
 43. MCF of gas produced during the test
 44. Gas well calculated absolute open flow in MCF/D
 45. The method used to test the well:

F	Flowing
P	Pumping
S	Swabbing

 If other method please write it in.
 46. The signature, printed name, and title of the person authorized to make this report, the date this report signed, and the telephone number to call for questions about this report
 47. The previous operator's name, the signature, printed name and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report signed by that person