Submit 5 Con 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

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

OIL CONSERVATION DIVISION

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

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TR	ANSPO	O TRC	IL AND N	ATURAL	AS				
Operator								API No.			
Amoco Production Cor	npany						30	-025-26	375		
P. O. Box 3092, Hous	ston. TX	7725	3								
Reason(s) for Filing (Check proper box)	, , , , , , , , , , , , , , , , , , ,	. //23	<u> </u>		0	her (Please ex	-dai-1				
New Well		Change is	а Тладарог	ter of:		(1 15005 50)	rain)				
Recompletion	Oil	X									
Change in Operator	Caningher	ed Gas	Condens	nte 🗌							
If change of operator give name and address of previous operator											
IL DESCRIPTION OF WELL	. AND I E	ACE							·		
Lease Name	ease Name Well No. Pool Name, including Formation										
Turner Tract 00 2				bbs Drinkard				id of Lease Lease No.			
Location									<u>ي ا</u>		
Unit LetterE	_:199	90	Feet From	m The _	North Li	e and	511	eet From The	West		
Section 34 Townsh	in 18-	- S	_	20			•	oet Florin 10e		Line	
Section 10was	10	5	Range	38	E , N	МРМ,	Lea			County	
III. DESIGNATION OF TRAI	SPORTE	R OF O	IL AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil	~ \ <u>\</u>	or Conden	ISME	7		ve address to w	hich approve	copy of this	form is so he -		
Amoco Pipeline III	<i>J</i>				P. O.	Box 7020	68. Tul	sa OV	7/170-20	160	
Name of Authorized Transporter of Casir					P. O. Box 702068, Tulsa, OK 74170 Address (Give address to which approved copy of this form is to					<u> 100 </u>	
Phillips Petroleum 66 Nath Gas If well produces oil or liquids, Unit Sec. Two.			Tun	D.o.	4001 Penbrook, Odessa,				761		
give location of tanks.	D	10	19 I	38	Yes		When	17			
If this production is commingled with that	from any other			comming	ling order num	ber:					
IV. COMPLETION DATA											
Designate Type of Completion	- (20)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compi	i Ready to	Prod.		Total Depth	L	<u></u>				
•	3-		1104		rotat Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing For	rmation		Top Oil/Gas	Pay		7.1.			
Perforations								Tubing Dep	th		
renorations								Depth Casin	g Shoe		
		UDDIC	C A CD IC								
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE										
	CAGING & TOBING SIZE			<u> </u>	DEPTH SET			SACKS CEMENT			
. TEST DATA AND REQUES	T EOD AL	LLOUZA	O. E								
					.						
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test	a rotune of	roda ou a	ina musi	Producing Me	exceed top allo thod (Flow, pu	wable for this	depth or be for	or full 24 hour	z.)	
					Trouble Mile	ance (1.100, pa	тр, даз іўт, гі	c.)			
ength of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	0										
The Duming Feet	OII - ROIT	Oil - Bbis.				Water - Bbls.			Gas- MCF		
GAS WELL											
Actual Prod. Test - MCF/D	Length of Te				Distance of the second						
	Longer Ce 1 car				Bbls. Condensess/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Press	use (Shut-is	1)		Casing Pressur	(Sheat-in)		Choke Size			
					_	,		CIOCO 3226			
L OPERATOR CERTIFICA				E							
I hereby certify that the rules and regular	ions of the Oi	Conservat	tion	ŀ	0	IL CON	SERVA	TION [)IVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					OIL CONSERVATION DIVISION						
					Date .	Approved	<u>'</u> ا	alla f.			
_ Muthun Ch	Jun										
Signature	1				Ву	î :	HNAL OF		TKET DEG	DN 	
Matthew C. Wines A	aminist:		Analy	zst			gara ta				
9/15/90	ור)	13) 556		, [[Title_						
Date			ose No.	—							

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.

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SEP 2 4 7380

CO. Moras Carada