Company of the control of the contro

DISTRICT II

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

1:0. Diawer DD, Ariesia, NM 88216)		P	. O.	Box 2088 /					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87	410	S	Santa Fe, N	ew l	Mexico 87504-208	38				
_	REQL	JEST F	FOR ALLO)WA	BLE AND AUTH	IODIZATI	ON			
I. Operator		TO TR	ANSPOR	ΤО	IL AND NATURA	L GAS	ON			
AMOCO PRODUCTION COL	MPANY						Well API No. 300390809500			
Address P.O. BOX 800, DENVE	COLODAR					L	300330809306	'		
Reason(a) for Filing (Check proper be	x)	0 802	01							
New Well	•	Change is	7/Transporter o	of:	Other (Pleas	e explain)				
Recompletion Change in Operator	Oil Casinghead		Dry Gas							
If change of operator give name and address of previous operator	Cashighead	1 035	Condensale	<u> </u>		·				
										
II. DESCRIPTION OF WELL		Well No.	Pool Name 1	Includ	ing Formation					
Location		8	BLANCO	ME	ing Formation SAVERDE (PRORA	TED GAS	Kind of Lease State, Federal or Fee	Lease	: No.	
Unit Letter B	79	90			FNL			·		
15	:26N		Feet From 1h		Line and	2510	_ Feet From The	FEL	Line	
Section Town	ship		Range	5W	, NMPM,	1	RIO ARRIBA			
III. DESIGNATION OF TRA	NSPORTER	OF O	II. AND NA	rr	DAL CAS			 '	County	
Name of Authorized Transporter of Oil MERIDIAN OIL INC.		r Conden	Sale [-]	110	Address (Give address	to which appr	oved copy of this form			
Name of Authorized Transporter of Cas	inchead Gae				1 3535 EAST 30	TH STREE	T FADMINGEO	11 154	07/01	
NORTHWEST PIPELINE CO	RPORATION	لــا	or Dry Gas	J	,	~ ~c.n uppr	oved copy of this form t	3 to be seru)		
If well produces oil or liquids, give location of tanks.	Unit S	oc.	Twp	Rge.	P.O. BOX 8900 Is gas actually connected	0. SALT	LAKE CITY, II	F_84108	3-0899	
If this production is commingled with the	I from any other	lease or p	ool give comp	ningli	an a-les eu-t	<u> </u>				
IV. COMPLETION DATA				an ngu	ing older admoer:		·			
Designate Type of Completion	i - (X)	Oil Well	Gas We	11	New Well Workove	r Deepe	n Plug Back Sam	Res'v Di	II Res'v	
Date Spudded	Date Compl. I	Ready to I	I Prod,		Total Depth	L		<u>i</u> _		
Elevations (DF, RKB, RT, GR, etc.)	Name of Part			,			P.B.T.D.			
	Name of Produ	ncrug 1.011	mation		Top Oil/Gas Pay		Tubing Depth			
Perforations							Depth Casing Sho	<u> </u>		
		NING C	A SINIC AN	ID C	The state of the s					
HOLE SIZE	CASIN	G & TUB	ING SIZE	ID C	EMENTING RECO		PEIVE	<u>n</u>		
	·					M .	S S S C SASK	DEMENT		
	·					AU AU	G2 3 1990			
TECT DATA AND DECEM				_		011.6	CON DIV			
TEST DATA AND REQUE	ST FOR ALL	OWAE	BLE			- OIL	PICT 3			
Pate First New Oil Run To Tank	Date of Test	onwhe of	toda oli ana m	P	equal to or exceed top a roducing Method (Flaw,	llowable for i	Me apple of be for full	24 hours.)		
ength of Test	T. Line B			_ _			, •10.9		1.	
	a uoing Pressure			C	asing Pressure		Choke Size			
ctual Prod. During Test	Oil - Bbls,			W	ater - Bbis.		Gas- MCF			
GAS WELL	1									
ctual Prod. Test - MCI/D	Length of Test			76						
					ols. Condensate/MMCF		Gravity of Condens	ile		
ating Method (pitot, back pr.)	Od (puot, back pr.) Tubing Pressure (Shut-in)			C	using Pressure (Shut-in)		Choke Size			
I. OPERATOR CERTIFICA	ATE OF CC	MDLI	ANCE	-\r-						
I hereby certify that the rules and repula	dione of the Oil C				OIL CO	NSERV	ATION DIVI	SION		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.										
11/1/1	J				Date Approve	∍d	AUG 2 3 1	7 5 0		
Signature Signature		· ·			By	-7		_		
Signature Uoug W. Whaley, Staff Admin. Supervisor					Ву		in) dh	-		
July 5, 1990		Titi	e		Title	SU	PERVISOR DIS	TRICT #	3	
Date		3=830 Telephon								

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.

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 1000 Rio Braz

200 Rio Brazos Rd., Aztec, NM 87410	REQL	EST FO	OR AL	LOWAB	LE AND A AND NAT	UTHC URAL)RIZ/ GAS	ATION S					
TO TRANSPORT OIL AND NATURAL GAS EFALOR MOCO PRODUCTION COMPANY								Weil API No. 300390809500					
P.O. BOX 800, DENVER, C		0 8020	1										
Reason(s) for Filing (Check proper box) New Well	Oil Casinghea	Change in	/	. 📙	Other	(l'Iease	explain)					
change of operator give name and address of previous operator													
I. DESCRIPTION OF WELL A	ND LE	ASE						 			ase No.		
Lease Name JICARILLA B		Well No. 8	Pool Na BAS	ime, Includii IN DAKO	ng Formation TA (PROR	ATED	GAS)	Kind of State, F	ederal or Fee				
Location B Unit Letter	. :	790	_ Feet Fr	om The	FNL Line	and	25	<u>0</u> F∞e	t From The _	FEL	Line		
Section 15 Township	26	N	Range	5W	, NM	IPM,		RIO	ARRIBA		County		
II. DESIGNATION OF TRANS	SPORTI	ER OF O	IL AN	D NATU	RAL GAS	address	to whi	ch approved	copy of this fo	um is to be se	nt)		
MERIDIAN OIL INC.						3535 EAST 30TH STREET, FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casing NORTHWEST PIPELINE COR! If well produces oil or liquids,		ON Soc.	Twp.	Rge.		x 890	00,		KE CITY		108-0899		
give location of tanks.	<u>i</u>	1		L comming	ing order numb	er:							
If this production is commingled with that I IV. COMPLETION DATA	rom any o	Oil We		Gas Well	New Well	Works	ver	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		_i	i_	UAL WEIL	<u>i</u>	<u> </u>			DD:CD	l			
Date Spudded	Date Cor	npl. Ready	to Prod.		Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay				Tubing Depth			
Perforations									Depth Casi	ill 2110s			
					CEMENTI	NG RE	COR	D E ^m f	IN E	HACKS CEN	MENT		
HOLE SIZE		CASING & TUBING SIZE				DEPTE SEE							
							#	WG23	1990				
V. TEST DATA AND REQUE	ET LOD	ALLOV	VARI.F					(7)	1. DIA				
V. TEST DATA AND REQUES OIL WELL (Test must be after to	recovery of	total volum	ne of load	t oil and mu	t be equal to o	r exceed	top all	owable for the emp, gas lift,	s depth or be	for full 24 ho	ours.)		
Date First New Oil Run To Tank	Date of				Producing IV	ienioa (L	· ww. pr	<i>μη</i> φ, χ ω 191,					
Length of Test	Tubing Pressure				Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbis.			Water - Bbis.				Gas- MCF					
GAS WELL [Actual Prod. Test - MCI/D]	Length	of Test			Bbls. Conde	nsate/M	MCF		Gravity of	Condensate			
	Length of Test				Casing Pressure (Shut-in)			Choke Size					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Ching Flessare (Sing-in)								
VI. OPERATOR CERTIFIC	CATE (OF CON	APLIA	NCE		OIL	CO	NSER\	/ATION	DIVIS	ON		
I hereby certify that the rules and reg Division have been complied with an is true and complete to the best of my	d that the i	niormation	Stacm woo	ove	Dat	te Api	prov	ed	AU	G 2 3 199	90		
De Alex					1			1.1	دسة	dhe	/		
Signature Doug W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT /3							
Printed Name		30		-4280	. '''								

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