Cubmit 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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Aricsia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS I. Well API No. Operator 300390809600 AMOCO PRODUCTION COMPANY Address P.O. BOX 800, DENVER, COLORADO 80201 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of:

Dry Gas New Well L. Recompletion Oil Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation
BASIN DAKOTA (PRORATED GAS) Kind of Lease State, Federal or Fee Lease No. Lease Name JICARILLA B Location 1650 1850 Н FNL FEL Feet From The Unit Letter Feet From The 16 26N RIO ARRIBA NMPM Township County Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate 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 Casinghead Gas or Dry Gas [___] P.O. ROX 8900, SALT LAKE CITY, UT. 84108-0899 is gas actually connected? | When ? NORTHWEST PIPELINE CORPORATION Twp. If well produces oil or liquids, Unit Sec. Rge. give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v Diff Res'v Oil Well Gas Well New Well Workover Deepen Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforation TUBING, CASING AND CEMENTING R CASING & TUBING SIZE CEMENT HOLE SIZE <u>AUG2 3 1990</u> OIL CON. DIV DIST. 3 V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Choke Size Casing Pressure Length of Test **Tubing Pressure** Gas- MCF Water - Bbis. Actual Prod. During Test Oil - Bbls. **GAS WELL** Actual Prod. Test - MCF/D Bbis. Condensate/MMCF Gravity of Condensate Length of Test Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size l'esting Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above AUG 23 1990 is true and complete to the best of my knowledge and belief. Date Approved By_ Signature Doilg W. Whaley, Staff Admin. Supervisor SUPERVISOR DISTRICT Printed Name Title.

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

July 5, 1990

- 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.

303-830-4280 Telephone No.

- 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.