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Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088

DICTRICT III		Sa	ınta Fe, N	lew M	lexico 8	7504-208	8					
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQ	UEST F	OR ALL	OWA	RI F AN	D AUTH	ORIZ	ATION				
I.						IATURA						
Operator AMOCO PRODUCTION COMPANY								- 1	Well API No. 300452078000			
Address D. D. DOV. COO. DEATHER	COLODA	DO 0000										
P.O. BOX 800, DENVER, Reason(s) for Filing (Check proper box)	CULURA	00 8020	7		П.	Other (Please	e explai	1)	<u>-</u>			
New Well		~~ ~	Transporter	of:				•				
Recompletion L. Change in Operator	Oil Casinghea	V∠] ad Gas □	Dry Gas Condensate	. 🗀								
If change of operator give name and address of previous operator									· - ····			
II. DESCRIPTION OF WELL	AND LE	ASE	71			····					· · · · · · · · · · · · · · · · · · ·	
Lease Name PAH		Well No.			ing Formati		242	Kind	of Lease		ease No.	
Location		L	BASIN	DAK	JIA (PI	ORATED	GAS	State,	rederal or Fe	¢		
Unit Letter	_ : _:	1500	Feet From	The	FSL	Line and	990		et From The	FWL	Line	
3	251	N		11W					JUAN			
Section Township	,		Range			NMPM,					County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE			UTAN						·		
MERIDIAN OIL INC.		or Conden)	1					orm is to be st GTON , NM	· ·	
Name of Authorized Transporter of Casing			or Dry Gas		Address (Give address	to which	h approved	copy of this f	orm is to be se	87401 ini)	
EL PASO NATURAL GAS CO. If well produces oil or liquids,	MPANY Unit	Sec.	Twp.	Dos		BOX 149		L PASO	y	978		
give location of tanks.	L			nge.	is gas and	Hary Counce	501] WIRE				
If this production is commingled with that I	rom any oth	er lease or	pool, give co	mming	ing order p	ruper:						
IV. COMPLETION DATA		Oil Well	Gas	Well	New Wo	il Worko	ver	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		_i	_ i		i	_i	i			İ		
Date Spudded	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations					L	•			Depth Casin	ur Shoe		
								AF	ME	<u></u>		
TUBING, CASING AN									A COLUENZ			
HOLE SIZE	CASING & TUBING SIZE				DEPTRET			1000	ONS CEM	ENI		
							A	UGR 3	1			
					OIL CON				i. DIV			
V. TEST DATA AND REQUEST FOR ALLOWABLE						DIST. 3						
OIL WELL (Test must be after re			of load oil a		,					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	:si			Producing	Method (Fla	nv, pun	p, gas iyi, e	K.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size					
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF			
									<u> </u>	. <u></u>		
GAS WELL												
Actual Prod. Test - MCI/D	Length of Yest				Bbis. Condensate/MMCF				Gravity of C	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
TIT OPEN A WORLD CORNE			V V A A A A A A A A A A A A A A A A A A		 							
VI. OPERATOR CERTIFIC. Thereby certify that the rules and repula				ಟ		OIL C	ONS	SERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						AUG 2 3 1990						
is true and complete to the best of my knowledge and belief.						Date Approved						
D. H. Shly						31101						
Signature Doug W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT #3						
Printed Name	- COMPT.	. ouper	Title		Ti	l a		341		i Dia i Mil	,ı F3	

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.

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.