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Appropriate District Office
DISTRICT J
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 Buttom of Page

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

P.O. Box 2088

DISTRICT.III

OIL CONSERVATION DIVISION Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 87410	REQ						AUTHORI					
. TO TRANSPORT OIL AND NATURAL GA									S Well API No.			
AMOCO PRODUCTION COMPANY								300390715900				
P.O. BOX 800, DENVER,	COLORA	DO 8020	)1									
Reason(6) for Filing (Check proper box)  New Well		Change is	√Transı	norter of		Ol	cs (Please expl	ain)				
Recompletion	Oil		Dry (									
Change in Operator	Casinghe	ad Gas	Cond	cnsale	<u>LJ</u>						<del></del> .	
If change of operator give name and address of previous operator								<del></del>				
II. DESCRIPTION OF WELL	AND LE	ASE Well No.	Book	Name I	anhadi	na Franctica		Vind	of Lease		case No.	
Lease Name SAN JUAN 28 7 UNIT		95	BLA	ANCO	MES	ng Formation AVERDE	(PRORATEI					
Location M	<u>-</u>	390				FSL	. 89	10		FWL		
Unit Letter	- :		_ Feet 1	From Th	c	Lin	e and	Fe	et From The		Line	
Section 4 Township	, 271	V	Rang	e 7	W	,N	мрм,	RIO	ARRIBA		County	
HI. DESIGNATION OF TRAN	SPORTE	ER OF O	IL A	ND NA	TU	RAL GAS						
Name of Authorized Transporter of Oil		or Conde					ne address to w	hich approved	copy of this	form is to be s	ent)	
MERIDIAN OIL INC.  Name of Authorized Transporter of Casinghead Gas or Dry Gas						3535 EAST 30TH STREET, FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS COMPANY						P.O. BOX 1492, EL PASO, TX 79978						
If well produces oil or liquids, give location of tanks.	Unit	Soc.	1₩p. 	l	Rge	is gas actual	y connected?	When	7			
f this production is commingled with that I	rom any ot	her lease or	pool, g	zive com	min <sub>s</sub> ;	ing order num	ber:					
IV. COMPLETION DATA		(A): 116-11		Gas We		Naw Well	Workover	Deser	Dhue Beels	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	_			İ	HOIZOVEI	Deepen	I ring back	Same Ker v	LAIL KESV	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
									Depth Casing Slice			
Perforation <b>s</b>									Depth Cash	ing stime		
TUBING, CASING AND					ND	CEMENTI				-		
HOLE SIZE	CASING & TUBING SIZE					DEPT DET E C			IVE	V S S S CEMENT		
										W .		
						ļ		AUG2 3	1990			
V. TEST DATA AND REQUES						L	C	IL COI	V. DIV	1.		
OIL WELL (Test must be after r. Date First New Oil Run To Tank	covery of t	otal volume	of load	d oil and	must	be equal to or	exceed top all	owable 615	death or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Te	: 9 <b>.</b>				I touting ive		-, y, g				
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
	<u> </u>								1			
GAS WELL	11 22236 77	·P				Tokie Para	esto/MARCE		таажее	Condensate		
Actual Prod. Test - MCI/D	Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	ATEO	E COM		NCE		1			1			
VI. OPERATOR CERTIFIC  I hereby certify that the rules and regul							OIL COI	NSERV	ATION	DIVISIO	NC	
Division have been complied with and is true and complete to the best of my l	that the info	ormation giv							Alia -	0.4000		
	a.omicoge i					Date	• Approve	ed	AUG 2	3 1330		
W. P. Whiley		<del></del>			_	Bv		-3		1		
Signature Doug W. Whaley, Staff	Admin	. Supe				-,-			-	and a		
Printed Name July 5, 1990		303-	Title - ARA	4280		Title		SUPE	HVISOR	DISTRICT	/3	
Date 14.90		Tel	chhouc	No.		11						

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.