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Appropriate District Office
DISTRICT 1
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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

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

100 01-00-11-1					AND NAT							
Operator		IO IKA	11125	JA I UIL	AND IN	UNAL	. uno	Well A				
AMOCO PRODUCTION COMPA	NY							300	39071610)0		
P.O. BOX 800, DENVER,	COLORAD	0 8020	1			r (Please	arolain)					
(casion(s) for Filing (Check proper box)		Change in	Тимпро	nter of:	Out	X (1.16aze	ехранку					
New Well L. Recompletion	Oil	_ rr ~a4	Dry Ga	(-1								
Change in Operator	Casinghead	Gas []	Conden	sale []								
change of operator give name address of previous operator												
	ANDIE	SE										
I. DESCRIPTION OF WELL A LEASE NAME AND 28 7 UNIT	Well No. Pool Name, Including			ng Formation TA (PRORATED GAS) Kind of State, F				Lease Lease No. ederal or Fee				
Location M	. 9	90	Feet Fr	om The	FSL	e and	104	0 F ee	i From The	FWL	Line	
Unit Letter	_ :27N		. rea in	7W					ARRIBA			
Section Township)		Range		, NI	мрм,					County	
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS				sanu of this (urm is to be to	· ·	
Name of Authorized Transporter of Oil		or Conde	isale		Address (Civ					orm is to be so		
MERIDIAN OIL INC. Name of Authorized Transporter of Casing	head Gas		or Dry	Gas []	Address (Giv	e address	to which	approved	copy of this f	TON NM		
EL PASO NATURAL GAS CO					1				TX 79			
If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	is gas actuali	у совпеси	ed?	When	7			
ive location of tanks. If this production is commingled with that	[mm anv oth	er lease or	pool. giv	e comming	ing order aum	ber:						
V. COMPLETION DATA		Oil Wel		Gas Well	New Well		ver	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil wei	` ¦ `	JAN WEIL						i	_i	
Date Spudded	Date Compi. Ready to Prod.				Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	ions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth		
Perforations										Depth Casing Shoe		
		TIBING	CASI	NG AND	CEMEN'TI	NG REG	CORD		!			
HOLE SIZE		ING & TUBING SIZE			CEMENTING RECORD DEPTH AT				M P SAS S CEMENT			
TIOLE OILE)) [c	y L	A A P			
					ļ		#-		1000	[9]		
								HG2 3	1990			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE		<u> </u>		Oll	CON	J. DIV	,		
OIL WELL (Test must be after t	recovery of I	otal volum	of load	oil and mus	s be equal to o	r exceed to	op allon	able for the	s depth or be	for full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of Te				Producing M	lethod (Fl	ow, pum	p, gas lift, i	tc.)			
Leouth of Test	Tuhing Po	Tubing Pressure				Casing Pressure				Choke Size		
Length of Test	Luoing PT	I doing Pressure							. Care			
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbis.				Gas- MCF		
OVE WELL	<u> </u>				_1							
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
Annual Storm Post Storman									Agrangia .			
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIA	NCE		<u> </u>		000	ATION	חוויוכו	ON	
I hereby certify that the rules and regu	lations of the	c Oil Cons	crvation		1	OIL C	ON	SEHV		DIVISI	ON	
Division have been complied with and that the information given above										3 1990		
is true and complete to the best of my	knowledge	and belief.			Dat	e App	rovec	·				
NU Iller								7	ه دي	3h		
Signature Doug W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT (3						
Doug W. Whaley, Stat	r Admir	ı. Sup	<u>rvis</u> Tille	or	Title	A		JUP	-HUGUM	DI 2 I KIC	T # 34	
July 5, 1990		303	=830=	4280		٠						
Date		T	стерікове	140-		للجنيوب	البيد		محسبي	V-,		

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.