Submit 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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

(XXI) KIO ISTAZOS K.d., AZIEC, NINI 87410					BLE AND A		AS				
Operator AMOCO PRODUCTION COMPAN	erator						Weii API No. 300392086100				
Address P.O. BOX 800, DENVER, C		00 8020	1				l,				
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casinghea	Change in	Dry C		ОЈк	x (Please expi	lain)				
change of operator give name nd address of previous operator											
L DESCRIPTION OF WELL A	Well No. Pool Name, Includir							Kind of Lease State, Federal or Fee		Lease No.	
Location H		1510			FNL	1	040		FEL	Lipe	
Unit Letter4 Section Township	271	1	Range	From The 7W		and ИРМ,		O ARRIBA		County	
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	PORTE	R OF O		ND NATU	RAL GAS	e ackiress to w	hich approve	d copy of this form	is to be se	nı)	
MERIDIAN OIL INC. Name of Authorized Transporter of Casingle	read Gas		or Di	y Gas []	3535 EAST 30TH STREET, Address (Give address to which approved						
EL PASO NATURAL GAS CON If well produces oil or liquids, give location of tanks.		Sec.	Twp.	Rge.	P.O. BO			0, TX 799.	7.8		
f this production is commingled with that fi V. COMPLETION DATA	rom any ot	her lease or	pool, g	give comm. ngl	ing order num	жг:					
Designate Type of Completion -		Oil Well	i_	Gas Well	<u>i</u>	Workover	Deepen	Plug Dack Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top OiVGas Pay			Tubing Depth			
l'erforations							. 4. 4	Depth Casing S	ilioe		
HOLE SIZE		TUBING ISING & T			CEMENTI	NG TOYCU DE COSE	CE	AE	KS CEM	ENT	
					AUG2			3 1990			
								4 DIV.			
V. TEST DATA AND REQUES (III. WELL (Test must be after re	T FOR	ALLOW	ABL	E ,	t be equal to or	exceed ton a	D151	ī. 3	full 24 hou	vs)	
III, WELL (Test must be after re Date First New Oil Run To Tank	Date of T		<i>ay</i> 100	3 011 dad 11 dat		ethod (Flow.)			<u></u>		
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL Actual Prod Test - MCI/D	1	7 00			Bbls. Conde	neale/MMCF		Gravity of Cor	densate		
Actual Prest. Test - MC170 Testing Method (pitot, back pr.)	Length of Tes. [Lubing Piessure (Shul-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.					Date	Date Approved AUG 2 3 1990					
Signature Uoug W. Whaley, Staff Admin. Supervisor					By 3 N Chang						
Printed Name July 5, 1990		303-	Title	-4280	Title)	SUP	ERVISOR DI	STRICT	/3	

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.