Submit 5 Copies
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

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

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

TOO KID BIAZE KIL, A	Acc, 14(4) 87410	REQ						TUA DI						
I. TO TRANSPORT OIL								Well API No.						
AMOCO PRODUCTION COMPANY Address										30	03907103	300		
P.O. BOX 800	, DENVER,	COLORA	DO 802	01										
Reason(s) for Filing (C)	heck proper box)		C	1				Other (Plea	ase expli	in)				
New Well Recompletion	[]	Oil	Change in	Dry (•									
Change in Operator	Ħ	Casinghe		, ,	densate	\exists								
If change of operator give		Canangia		, con		<u>,</u>								
and address of previous	-	ANIENTE	ACE									 		
II. DESCRIPTIO	AND LE	Pool Name, Includir BLANCO MES			ing Formation SAVERDE (PRORATED G			Kind GASState	Kind of Lease ASState, Federal or Fee		case No.			
Location	M	 	1 800	. I			FSL			50		FWI.		
Unit Letter		271		Feet From The		Line and		Feet From The		· ————	Line			
Section	10 Township	271	N	Rang	ge /	'W		, NMPM,		RI	O ARRIBA	1	County	
III. DESIGNATIO		SPORTE			ND N	TU				*********	·		·	
Name of Authorized Transporter of Oil or Condensate								Address (Give address to which approved copy of this form is to be sent)						
MERIDIAN OIL	had Clas	-10- [=] D C [=]					3535 EAST 30TH STREET,				IGTON,_N	187401		
Name of Authorized Tr EL PASO NATU		or Dry Gas			P.O. BOX 1492, EL PA is gas actually connected?									
If well produces oil or t give location of tanks.		Unit	Sec.	Twp.		Rge.	is gas as	dually conn	ected?	Who	a ?	9978		
If this production is com	mingled with that f	from any old	her lease or	pool, g	give com	mingl	ing order	number:						
IV. COMPLETIC	ON DATA		Oil Wel		Gas Well			New Well Workover		Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		- (X) Date Compl. Ready to		o Prod	Pmd		Total De			<u> </u>	P.B.T.D.		_L	
Dat speece		<u> </u>		1 10th		•			F.B.1.D.					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation							Top Oil/Gas Pay				Tubing Depth			
Perforations											Depth Cas	Depth Casing Shoe		
		•	TUBING	CAS	SING A	ND	CEME	N'TING R	ECOR	2 . 10	F M			
HOLE SIZE		CASING & TU			BING SIZE			DESE			E 1111	SACKS CEA	AENT	
		<u> </u>					M			- 0.4001	שוו			
							AUG2 3 199							
V. TEST DATA A	ND REQUES	TFOR	ALLOW	ABL	E		L	0	L C	ON. I	-[.VIC			
OIL WELL A	est must be after re	ecovery of I	otal volume	of load	d oil and	must	be equal	to or excee	1 10ja d	1ST./3	his depth or b	e for full 24 ho	ws.)	
Date First New Oil Run To Tank Date of Test					Producing Method (FI									
Length of Test		Tubing Pressure					Casing Pressure				Choke Size			
Actual Prod. During Ter	Oil - Bbls.						Water - Bbls.				Gas- MCF			
GAS WELL							 							
Actual Prod. Test · MC	Length of	gth of Test				Bbls. Condensate/MMCF				Gravity of	Gravity of Condensate			
Testing Method (pitot, back pr.) Tubing Pressure (Shut-				-in)			Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR	R CERTIFIC	ATE O	COM	PLIA	NCE			OII.	001	ICED'	/ATION	DIVICE		
I hereby certify that								OIL	CON	19EH/	AHON	DIVISI	JN	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							Date Approved AUG 2 3 1990							
D.L. My							7 . 0							
Signature Doug W. Whaley, Staff Admin. Supervisor							SUPERVISOR DISTRICT #\$							
July 5, 1990 303-830-4280							1	itle						
Date			Tei	ephone	No.									

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.