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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 II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

•		UINA	INDE	ON OIL	עזו טזוע	TOTIAL OF		DI Na			
Operator AMOCO PRODUCTION COMPAI	NY						300:	39222070	0		
Address P.O. BOX 800, DENVER,	COLORADO	8020	1								
Reason(s) for Filing (Check proper box)	- COLOTOIDO	, 0020	<u>-</u>		Oth	es (l'lease expla	in)				
New Well	(Change in	Franspo	orter of;	_					i	
Recompletion	Oil	ď	Dry Ga	ıs 🗆							
Change in Operator	Casinghead	Gas 🗌	Conde	nsale 🗌						لـــــــــــــــــــــــــــــــــــــ	
change of operator give name and address of previous operator											
I. DESCRIPTION OF WELL	AND LEA	SE	,				- 1		1	No	
Lease Name SAN JUAN 28 7 UNIT	,	Well No. 20A	Pool N BLA	lame, Includi NCO MES	ng Formation AVERDE	(PRORATED		f Lease Federal or Fee	Le	asc No.	
Location J	16	680		<u> </u>	FSL	16	20	et From The _	FEL	Line	
Unit Letter	. :		Feet In	rom The		e and		ARRIBA			
Section 8 Township	28N		Range		<u>, N</u>	мрм,	KIU	AKKIDA		County	
II. DESIGNATION OF TRAN	SPORTER	OF O	IL AN	D NATU	RAL GAS	ve address to wi	lish approved	cany of this fe	um is to be tel		
Name of Authorized Transporter of Oil		or Conde	1Sale		I.						
MERIDIAN OIL INC.	shead Cae		or Dev	Gas	3535 E	AST 30TH we address to wi	STREET,	copy of this for	rm is to be see	8/401	
Name of Authorized Transporter of Casing EL PASO NATURAL GAS CO		لب	u vij	لــا	1	OX 1492.					
If well produces oil or liquids,		Soc.	Twp.	Rge.		ly connected?	When				
ive location of tanks:	<u>ii</u>		1	1	1						
f this production is commingled with that V. COMPLETION DATA	from any othe	er lease of	pool, gi	ve comming	ling omer nun	10er:					
V. COMPLETION DATA		Oil Wel		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	İ			.	1	1	l,	l		
Date Spudded	Date Comp	i. Ready i	o Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas	Pay		Tubing Depth							
l'erforations	l			Depth Casing Shoe							
					OF LEVE	NC DECON	20	L			
	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE							1	SACKS CEMENT		
HOLE SIZE	CAS	NO & I	OBING	JIZE	†·	DEPTH SET	P 1 12	E (5)			
					1	D) E G	EIV	EIII			
						M		<u> ₩</u>	<u> </u>		
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	Ξ	<u> </u>		2 3 199 (·	
OIL WELL (Test must be after	recovery of to	tal volum	e of load	t oil and mus	t be equal to	" COLOPC	ON I	My har be	for full 24 hou	vs.)	
Date First New Oil Run To Tank	Date of Ter	st			Producing I		S.TEK	eic.j =			
Length of Test	Tubing Pre	Sure			Casing Pres			Choke Size			
Actual Prod. During Test	tual Prod. During Test Oil - Bbls.					is.		Gas- MCF			
				 -				J			
GAS WELL					164. C-3	enesta (A.A.A.C.E.		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of	icst			Bots, Cond	ensale/MMCF				1	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					ssure (Shut-in)		Choke Size	3		
VI. OPERATOR CERTIFIC	CATE OF	COM	PLIA	NCE	1	OIL CO	NSERI	/ΔΤΙΩΝ	DIVISIO	ON	
I hereby certify that the rules and regu	lations of the	Oil Cons	crvation				. 102111				
Division have been complied with and is true and complete to the best of my	that the info	пына д	iven abo	ove	Da	te Approv	ed	AUG ?	3 1990		
11.10					Da	ra whhiav	~		1 /		
Signature Signature	By Bhow										
Signature Doug W. Whaley, Staf	f Admin	. Sup	<u>ervis</u> Tale	or	Tit	le	SUPE	RVISOR	DISTRICT	13	
July 5, 1990		303	-830:	-4280 c 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.

District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office

District II NO Drawer DD, Artesia, NM 88211-8719

OIL CONSERVATION DIVISION PO Box: 2088

Distract III		NN 97410				ox 2088	0000			•		5 Copies		
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CONOC	O INC.	ive Ste	e 100W					[Reason for		Code -1-95)		
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	22207		BLANCO	PICTURE	CLI							72359		
	perty Code		CAN TI	JAN 28-7		Property No	me	' Well Number 20A						
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	UTTACE Section	Location		Lot.Ida	Feet	from the	North/Sou	uth Line	Feet from the	East/W	est line	County		
		•		2	1	1680	SOUTH		1620	EAST		RIO ARRIBA		
J	8 ottom	Hole Lo				1000	1 2001	LIN	1020	L EA		KIO ALUCIDA		
	Section .	Township		Lot Ida	Feet	from the	North/So	uth line	Feet from the	East/W	est line	County		
12 Lac Code	¹³ Produci	ng Method	Code 14 Gas	Connection D	ate	" C-129 Peru	it Number		C-129 Effective I	Date	" c	-129 Expiration Date		
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III. Oil an	d Gas	Transpo	orters											
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Printed name:	DTT	L R. K	FΔTHI V	are-	7	Title:		SU	PERVISOR		RICT	#8		
							oval Date:			<u> </u>				
SK. REGULATORI SPEC.														
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District I PO Box 1980, Hobbs, NM 88241-1960 District II

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

NO Drawer DD, Artesia, NM 88211-0719 Distract III

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

1000 Rio Brame Rd., Aztec, NM 87410

Instructions on back Submit to Appropriate District Office 5 Copies

Juinct IV PO Box 2008 , S [_	anta Fe,				FOR A	LLOWAE	BLE A	ND AU	THOR	IZATI	ON TO TR			ED REPORT		
REQUEST FOR ALLOWABLE AND AUTHORIZAT Operator stame and Address											¹ OGRID Number 005073					
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