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 Buttom 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., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator						Well A			
AMOCO PRODUCTION COMPAN	NY					300)4506143		
idress P.O. BOX 800, DENVER, (COLORAL	00 8020	1						
ason(s) for Filing (Check proper bax)			_		Other (Please explain	4)			
w Well	Oil	Change in	Transport Dry Gas						
completion	Casinghea		Condens						
hange of operator give name address of previous operator									
DESCRIPTION OF WELL	AND LE	ASE							
ase Name		Well No.			g Formation	Kind of			ise No.
BOLACK C LS		7	BLA	NCO SO	UTH (PICT CLIFFS) FEI	DERAL	SFO	79232
Unit LetterE	_ :	1840	Feet Fro	om The	FNL Line and 9	18 Fee	4 From The	FWL.	Line
Section 33 Township	27	N	Range	8W	_ , NMPM,	SA	JUAN		County
. DESIGNATION OF TRANS	SPORTE	R OF O	L ANI	D NATUI	RAL GAS				
ane of Authorized Transporter of Oil	or Condensate				Addices (Give address to which approved copy of this form is to be sent)				
MERIDIAN OIL INC.					3535 EAST 30TH STREET, FARMINGTON, NN 8740 Address (Give address to which approved copy of this form is to be sent)				
ame of Authorized Transporter of Casing EL PASO NATURAL GAS CO			or Dry ((<u> </u>	P.O. BOX 1492,			m 13 10 64 12 9978	-,
well produces oil or liquids,	1 Unit	Soc.	Twp	Rge.	is gas actually connected?	When			
e location of tanks.	i	i	<u> </u>	i				·	
this production is commingled with that I	from any oti	her lease or	pool, giv	e commingli	ing order number:				
. COMPLETION DATA		Oil Well	-1-0	Jas Well	New Well Workover	Deepea	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion		_i	1		Total Depth		P.B.T.D.		<u> </u>
ate Spudded	Date Com	ipi. Ready to) РТОС.		Total Depair		F.B.1.D.		
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay		Tubing Depth		
	<u> </u>						Depth Cavilla	Shoe	
:rforations									
TUBING, CASING AND									ENT
HOLE SIZE	ASING & TU	JBING S	SIZE	DEPTH SET		SACKS CEMENT			
	 								
	 				·				
	1				l				
. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE				J	C II 24 hav	
IL WELL (Test must be after t	recovery of	total volume	ABLE of load	oil and must	be equal to or exceed top allo	owable for the	s depth or be f	or full 24 hou	us.)
IL WELL (Test must be after t	ST FOR recovery of Date of T	total volume	ABLE of load	oil and must	be equal to or exceed top allo Producing Method (Flow, pu	owable for this	s depth or be f	or full 24 hou	us.)
IL WELL (Test must be after to bate First New Oil Run To Tank	recovery of	iotal volume est	ABLE of load	oil and must	be equal to or exceed top allo Producing Method (Flow, pu	owable for this	s depth or be f	or full 24 hou	us.)
IL WELL (Text must be after the First New Oil Rua To Tank ength of Text	Date of T	iotal volume Tessure	ABLE of load	oil and must	Producing Method (Flow, pu	emp, gas tyt, e		or full 24 hou	us)
IL WELL (Text must be after the First New Oil Rua To Tank ength of Text	Date of T	iotal volume Tessure	ABLE of load	oil and must	Casin Method (Flow, pu	IVE	Touke Size	or full 24 hou	us)
OLE WELL (Test must be after to Date First New Oil Run To Tank ength of Test	Date of T	iotal volume Tessure	ABLE of load	oil and musi	Casin Duff C E Water His. FEB 2.5	IVE 1991	MCF		us.)
IL WELL (Test must be after a late First New Oil Rua To Tank ength of Test cutual Prod. During Test	Date of T	iotal volume est ressure	ABLE of load	oil and musi	Casin Dun C C C Water Dis. FEB25	1991 I. DIV	Touke Size		us.)
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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.