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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, Anesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd. Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l .	TOTRA	ANSPORT OIL	AND NATURAL			
Operator AMOCO PRODUCTION COMPAN			Well API No. 300450686700			
Address P.O. BOX 800, DENVER, O	COLORADO 802	01				
Reason(6) for Filing (Check proper box) New Well Recompletion Change in Operator	-,-	Transporter of: Dry Gas	Other (Pleasa	explain)		
f change of operator give name and address of previous operator						
II. DESCRIPTION OF WELL A Lease Name FEDERAL F	AND LEASE Well No.		ng Formation OTA (PRORATED	Company Company 1	f Lease rederal or Fee	Lease No.
Location H	1810	<u> </u>	FNL Line and	800	t From The	FEL Line
Unit Letter	:	_ Feet From The	Line and			
Section 04 Township	27N	Range 10W	, NMPM,	5AN	JUAN	County
III. DESIGNATION OF TRANS		erste	RAL GAS Address (Give address)	to which approved	copy of this form	is to be sent)
Name of Authorized Transporter of Oil	or Conde		·	•		1
MERIDIAN-OIL ING. Address (Give address to which approved copy of this form is to be sent) MERIDIAN-OIL - ING. Address (Give address to which approved copy of this form is to be sent)						
—SUNTERRA—GAS—GATHERING If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	P.O. BOX 189 Is gas actually connecte	9, BLOOMF1 d? When	ELD, NM	87413
If this production is commingled with that fo	rom any other lease or	pool, give commingli	ng order number:			
Designate Type of Completion -	(X) Oil Wel	Gas Well	New Well Workove	er Deepen	Plug Back Sar	ne Res'v Dilf Res'v
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth		P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth	
Perforations					Depth Casing Si	hoe
				2000		
TUBING, CASING AND O HOLE SIZE CASING & TUBING SIZE			DEPTH :		SAC	CKS CEMENT
					·	
V. TEST DATA AND REQUES OIL WELL (Test must be after re	T FOR ALLOW covery of total volum	ABLE of load oil and must	be equal to or exceed top	p allowable for this	depth or be for J	ull 24 hows)
Date First New Oil Run To Tank	Date of Test		Producing Method (Flor			
Length of Test	Tubing Pressure		Casing Pressure		Choice See E	INEW
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		low. mer.	2 1990
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		DIL 2 1990	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shul-in)		Choke Size	1.3
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature Doug W. Whaley, Staff Admin. Supervisor Printed Name Title June 25, 1990 303-830-4280 Date Telephone No			OIL CONSERVATION DIVISION Date Approved JUL 2 1990 By 30. SAVISCA DISTARCE PARTIES			

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 1, 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.