Subnut 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

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

<u>DISTRICT III</u> 1000 Rio Brazos Rd., Aziec, NM - 87410	DECLIEST E		BLE AND AUT	HORIZA	TION			
1								
I. TO TRANSPORT OIL AND NATURAL C Operator ANOCO PRODUCTION COMPANY					Well API No. 300451156200			
Address P.O. BOX 800, DENVER,	COLORADO 802	11					******	
Reason(a) for filing (Check proper box)			Other (PI	ease explain)				
New Well		Transporter of:						
Recompletion []	Oil	Dry Gas						
Change in Operator	Casinghead Gas	Condensate X						
f change of operator give name ad address of previous operator					· · · · · · · · · · · · · · · · · · ·	· · · ·		
I. DESCRIPTION OF WELI								
c A MCADAMS D Well No. 2 Pool Name, Including BASIN DAKO						of Lease No. Federal or Fee		
Location G	1950		FNL	165	Λ		FEL	
Unit Letter		Feet From The	Line and		Fe	et From The	TEL.	Line
Section 20 Towns	hip 27N	Range 10W	, NMPM,		SAN	JUAN		Nulh
II. DESIGNATION OF TRA	NSPORTER OF O	IL AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	or Conde	nsate [X]	Address (Give add	ress to which	approved	copy of this form	is to be sent)	
MERIDIAN OIL INC.			3535 EAST 30TH STREET, FARMINGTON, CO. 8740. Address (Give address to which approved copy of this form is to be sent)					17401
Name of Authorized Transporter of Casi		or Dry Gas X						
EL PASO NATURAL GAS (If well produces oil or liquids,	COMPANY	Twp. Rge.	Is gas actually con-		L PASO		/¤	
ive location of tanks.	1 1		Jan addaily com		1	•		
this production is commingled with the V. COMPLETION DATA	it from any other lease or	pool, give comming	ling order number:					
	Oil Well	Gas Well	New Well Wo	rkover	Deepen	Plug Back Sar	ne Res'v Diff	f Res'v
Designate Type of Completion Date Spudded	Date Compl. Ready to) Prod	Total Depth			0.77.0		
Sate Speciales	Date Compi. Ready is	7 1 IOL				P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Product		ormation	Top Oil/Gas Pay			Tubing Depth		
Perforations			_l	· · · · · · · · · · · · · · · · · · ·		Depth Casing Si	100	
	TURING	CASING AND	CEMENTING	RECORD				
HOLE SIZE	CASING & TI		CEMENTING RECORD DEPTH SET			SACKS CEMENT		
			ļ					
, TEST DATA AND REQUI	 	ARLE	<u> </u>					
=	recovery of total volume		t be easal to or excee	d top allows	ble for this	depth or be for I	uli 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method					
Length of Test	Tubing Pressure		Casing Pressure	- 4 45	r Es	Choke Size		
Actual Prod. During Test	Oil - Bbis.		DE C	EIV		Gab- MCF		
- · · · · · · · · · · · · · · · · · · ·		011 - 5013.			س			
GAS WELL			JUL	5 1990				
Actual Prod. Test - MCF/D	Length of Test		Bol Oltac	ON. D	IV	Gravity of Conc	lensate	
esting Method (pilot, back pr.)	Tubing Pressure (Shu	Casing Pressure (Smill ft) 3			Choke Size			
VI. OPERATOR CERTIFIC	CATE OF COM	DETANCE	\ <u></u>			L		
VI. OPERATOR CERTIFF I hereby certify that the rules and reg			OIL	CONS	ERVA	ATION DI	VISION	
Division have been complied with an		~ 4000						
is true and complete to the best of my			Date Ap	proved		JUL 5	טככו	
NIIII.				p. 0 7 0 0		\ ~/) /	
Signature Signature	Ву	By Bill Chang						
Bong W. Whaley, St.	atf Admin. Sup	ervisor Tule	Title		SUPE	AVISOR DI	STRICT #	3
June 25, 1990	303-	830=4280 ephone No.	11110					

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.