Submit 5 Copies
Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II
P.O. Drawer DD, Anesia, NM 88210

## 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 III 1000 Rio Brazos Rd., Aziec, NM 87410	REQ	JEST FO	OR A	LLO	WAE	LE AND	AUTHOR	IZAT	ION				
I		TO TRA	NSF	POR	T OIL	AND NA	TURAL G	AS	TWEE	DI No			
Operator AMOCO PRODUCTION COMPANY							Well API No. 3004513245						
P.O. BOX 800, DENVER, O	COLORAL	00 8020	1										
Reason(s) for Filing (Check proper box)			_			Oth	t (Please exp	lain)				}	
New Well		Change in			of:							ì	
Recompletion	Oil		Dry (	oneale								ļ	
Change in Operator  If change of operator give name and address of previous operator	Caungine	ad Gas		CHERE									
II. DESCRIPTION OF WELL	AND LE	ASE											
Lease Name BOLACK C LS	Well No.   Pool Name, Includin 4   BLANCO SO			•				DERAL SF079232					
Location		1626				ror		^^^				ł	
Unit Letter	:	1636	Feet	From T		FSI. Lin	e and	800	Fee	I From The _	FEL	Line	
Section 29 Township	. 2	7 N	Rang	e	8W	, N	мрм,		SA	N JUAN		County	
III. DESIGNATION OF TRANS	SPORTI			ND N	IATU	RAL GAS		41.4		-611-6		<del></del>	
Name of Authorized Transporter of Oil or Condensate  MERIDIAN OIL INC.						Address (Give address to which approved copy of this form is to be sent)  3535 EAST 30TH STREET, FARMINGTON, NM 87401							
Name of Authorized Transporter of Casing	or Dry Gas			Address (Give address to which approved									
EL PASO NATURAL GAS CO						P.O. BOX 1492, EL PAS							
If well produces oil or liquids, uve location of tanks.	Unit	Soc.	Twp.	.	Rge.	is gas actuali	y connected?		When	7			
If this production is commingled with that f	rom any of	her lease or	pool,	give co	nuning	ing order sum	ber:						
IV. COMPLETION DATA													
D i a Tara of Cara Inion	(V)	Oil Well		Gas \	Well	New Well	Workover	ļ	Эсерев	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -		npi. Ready to	Prod			Total Depth	I	L		P.B.T.D.	l_,	<u> </u>	
Date Spikked													
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay				Tubing Depth		
Perforations	<u> </u>					<u> </u>					Depth Cassing Shoe		
		TUBING.	CAS	SING	AND	CEMENT	NG RECO	RD					
HOLE SIZE	CASING & TUBING SIZE						DEPTH SET				SACKS CEMENT		
						ļ				<del> </del>			
	<del> </del> -					<del> </del>				ļ			
	<b></b>					<del> </del>				<del> </del>			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	T FOR	ALLOW	ABL	E		he saual to a	e exceed ton a	llowal	de for this	denth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after r	Date of T		oj loc	id ou a	na mus	Producing N	lethod (Flow,	ритф,	gas lýt, e	uc.)	/		
Date First New Oil Rose to Tame	Jan 31						- 4" As	*	<del>a 88 1</del>	Cation.			
Length of Test	Tubing P	Tessure				Casing Pro	) E G	8,	T.	Child Size			
Actual Prod. During Test	Оі - Вы	£				Water - B	FEB	25	1991	GALSACE			
GAS WELL	<del></del>						OILC	Ch	4. D	V			
Actual Prod. Test - MCT/D	Leagth o	Test				Bbls. Conde	BENCHMC!	HST	. 3	Citavity.of	Condensate		
The state of the s	Tubing Pressure (Shuk-to)					Casing Pres	Casing Pressure (Shui-in)				<del></del> ;		
Testing Method (puot, back pr.)													
VI. OPERATOR CERTIFIC	ATE C	F COM	PL1/	١NC	E		חוו רכ	NIC	FRV	ΑΤΙΩΝ	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation						1	OIL CONSERVATION DIVISION FEB 2 5 1991						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						J 5-	11						
						Dai	e Approv	/ea			1		
D. D. Shley						Ву	Bu Buch) Chang						
Signature Doug W. Whaley, Staff Admin. Supervisor						"	SUPERVISOR DISTRICT #3						
Printed Name Title						Titl	e						
February 8, 1991			-830 Icphor		<b>w</b>								

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.