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 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

Operator

INTRICT III XXXX Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOV	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS							
OPERAGE AMOCO PRODUCTION COMPANY	Weil API No. 3004524099							
ddress P.O. BOX 800, DENVER, COLORADO 80201								

P.O. BOX 800, DENVER,	COLORAD	00 8020	1		•							
Reason(s) for Filing (Check proper box)					Other	(Please explai						
New Well		Change in	Transporter o	ıt:			_				İ	
Recompletion	Oil		Dry Gas	\perp								
Change in Operator	Casinghea	d Gas 🗌	Condensate	4								
of change of operator give name					<u>-</u>							
II. DESCRIPTION OF WELL	AND LEA	ASE _										
Lease Name		Well No.	Pool Name, Including Formation				1	Kind of	Lease		Lease No.	
MORRIS, C M COM A		1E	BASIN	(DAI	(ATO)			FEL	ERAL	NMO.	0989	
Location						_				F11.17		
Unit LetterE	. :	1520	Feet From The		FNL Line	and7	90	Feet From The		FWL	line	
1.2	_ 27	· Ni		10W		IPM.		SAN	JUAN_		County	
Section 1 Townshi	p		Range	101	, IAIA	IPM,		Ditti	O C.M.			
					341 CAC							
III. DESIGNATION OF TRAN	SPORTE	or Conde	IL AND N	AIU	Address (Gum	address to wh	ich as	proved	copy of this fo	rm u to be se	u)	
Name of Authorized Transporter of Oil		or Collect]		AST 30TH						
MERIDIAN OIL INC.					Address (City	address to wh	ich an	or oved	copy of this fo	rm is to be se	u)	
Name of Authorized Transporter of Casin	ghead Gas		or Dry Gas	لــا								
EL PASO NATURAL GAS C	UMPANY					O.O. BOX 1492, EL P			hea ?			
If well produces oil or liquids,	Umt	Soc.	Twp	Rge.	is gas actually	is gas actually connected?		1716.0	•			
give location of tanks.	_l	<u> </u>	<u> </u>									
If this production is commingled with that	from any of	her lease of	pool, give co	mmingi	ing order numb	xer:						
IV. COMPLETION DATA									Dina Dank	Same Res'v	Diff Res'v	
		Oil Wel	1 Car,	Weli	New Well	Workover	ĮÞ	ерев [Plug Dack	Paritie Mee A	I Res	
Designate Type of Completion		l			<u></u>	L			P.B.T.D.	٠	J	
ate Spudded Date Compl. Ready to Prod.		Total Depth				P.B. 1.D.						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay				Tubing Depth						
					L				Depth Casts	5144		
Perforations									Deput Cash	4 300		

TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE TEST DATA AND REQUEST FOR ALLOWABLE

equal to or exceed top allowable for this depth or be for full 24 hours.) (Test must be after recovery of total volume of load oil or OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test DEGETTE Choke Size Casing Length of Test Tubing Pressure Oil - Bbls FEB 2 5 1991. Actual Prod. During Test

OIL CON. DIV GAS WELL Gravity of Condensate Rbls. Conde EMYCEST. 3 Length of Text Actual Prod. Test - MCT/D Choke Size Casing Pressure (Shul-in) Tubing Pressure (Shut-in) lesung Mediud (puot, back pr.)

VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

Date

is true and complete to the best of my knowledge and belief. Signature Doug W. Whaley Staff Admin Supervisor Title Punted Name 303-830-4280 Telephone No. February 8, 1991

OIL CONSERVATION DIVISION

FEB 2 5 1991 Date Approved

By. SUPERVISOR DISTRICT 40 Title

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.