Submit 5 Copies Appropriate District Office DISTRICT I 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

DISTRICE II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

I.	1411 01410	REQ				BLE AND					
Operator								Well API No.			
AMOCO PRODUCTION COMPANY Address							300452437200				
P.O. BOX 800,		COLORA	DO 8020	01							
Reason(s) for Filing (Check New Well	proper box)		Change in	Transoc	orter of:	Oth	et (Please exp	lain)			
New Well											
Change in Operator]	Casinghe	ad Gas	Conde	nsale [X]				~.~~		
If change of operator give na and address of previous oper	ator										·····
H. DESCRIPTION O	OF WELL,	AND LE		-,							
Lease Name JACK FROST B			Well No.	Pool Name, Include BASIN DAKO		ing Formation DTA (PRORATED GAS			of Lease Federal or Fe		Lease No.
Location			I <u></u> _	1 5				<u> </u>		l	
Unit Letter	Н	. :	1630	Feet Fr	om The	_FNL Lin	e and7	90 F	et From The	FEL	Line
Section 2	7 Township	27.	N	Range	10W	, NI	мрм,	SA	JUAN		County
III. DESIGNATION	OF TRANS	SPORTE	ER OF O	II. AN	D NATU	RAL GAS					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS [Name of Auditorized Transporter of Oil											ent)
MERIDIAN-OIL I Name of Authorized Transp	3535 EAST 30TH STREET, FARMINGTON, CO 37401-Address (Give actives to which approved copy of this form is to be sent)										
EL PASO NATURAL GAS COMPANY							P.O. BOX 1492, EL PASO, TX 79978				
If well produces oil or liquid give location of tanks.	is,	Unit	₿ S∞c. 	Twp. 	Rge.	ls gas actuall	y connected?"	Whei	1		
If this production is comming IV. COMPLETION		rom any oti	her lease or	pool, giv	e comming	ling order numb	ber:				
			Oil Well		Gas Weil	New Well	Workover	Deepen	Plug Back	Same Res'v	Dilf Res'v
Designate Type of Completion - Date Spudded		Date Compl. Ready to		Prod		Total Depth	L	1	BETD	I	_
		Sac Compt. Ready to Flour							P.B T.D.		
Elevations (DF, RKB, RT, G	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations						1			Depth Casir	ig Shoe	
			TURING	CASI	VG AND	CEMENTIN	NC BECOR	D	<u> </u>		
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
									1		
V. TEST DATA AND OIL WELL — (Test 1)	-				، نامساست	he equal to or	arcaal con all	annilla for the	a lant or ha	for fell 24 km	ura l
Date First New Oil Run To		overy of total volume of load oil and must base of Test				Producing Method (Flow, pump, gas 1/t, etc			jor juli 24 noi	25.)	
									787.77		n
Length of Test		Tubing Pressure				Casing Pressure			Choke Siz	AEI	(V)
Actual Pred. During Test		Oil - Bbls.				Water - Bbls.			G MCF	1000	
GAS WELL						1		<i>III</i>	JUL	2 1900	J
Actual Prod. Test - MCI/D Length of Test						Bbla. Conden	uc/MMCF		Touving (Marie	·
	Tubing Proscing (Shut.in)				Casing Pressure (Shul-in)			OIL O	151		
Festing Method (pitot, back p	Tubing Pressure (Shut-in)				Casing ricesu	ic (sau-ia)		Choke Size			
VI. OPERATOR C	ERTIFICA	ATE OF	COMP	LIAN	CE				ATION	D11 41 C1 C	
I hereby certify that the rules and regulations of the Oil Conservation							OIL CON	12EHV			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved			Jl	JL 5 19	190
1/1/1					11			7	~1		
Signature					∥ Ву_			3.1	-	- {	
Doug W. Whal	f Admin. Supervisor							SUPERVI	SOR DIST	TRICT /3	
Frinted Name Title June 25, 1990 303-830-4280						Title.				, ,	
Date	=		Telei	phone No	o.	H					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well mist 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.

