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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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 III 1000 Rio Brazos Rd., Aziec, NM 87410

· · · · · · · · · · · · · · · · · · ·	HEQUEST	FUH ALLUW	ARLE AND AO		LIJON				
	TOT	RANSPORT C	OIL AND NATU	HAL GAS	Well A	PLNe			
Operator AMOCO PRODUCTION COMP	DECEMBER COMPANY				- I	45255850	1		
AMOCO PRODUCTION COMPA					k				
P.O. BOX 800, DENVER,	COLORADO 80	201	Other (F	lease explain)					
Reason(s) for Filing (Check proper box) New Well	Chang	e in/Transporter of:_		neade Capitalia,	•			-	
Recompletion		Dry Gas]						
Change in Operator	Casinghead Gas	Condensate]						
f change of operator give name ad address of previous operator									
I. DESCRIPTION OF WELL Lease Name FLORANCE	AND LEASE Well N		luding Formation KOTA (PRORAT	ED GAS)		of Lease Federal or Fee	,	ease No.	
Location B	980		FNL	. 176	_ 		FEL		
Unit Letter	_ :	Feet From The	Line and	d	1**	et From The _		Line	
Section 18 Townsh	ip 27N	Range 8W	, NMPA	1,	SAN	JUAN		County	
III. DESIGNATION OF TRAINAME OF Authorized Transporter of Oil	VSPORTER OF	OIL AND NAT	FURAL GAS Address (Give on	dress to which	h approved	copy of this fo	rm is to be so	eni)	
MERIDIAN OIL INC.		II	1					į.	
Name of Authorized Transporter of Casi	nghead Gas	or Dry Gas	3535 EAST Address (Give ad	dress to which	h approved	copy of thus fo	rm is lo be se	eni) 07401	
EL PASO NATURAL GAS CO			P.O. BOX	1492, E	L-PASO	_TX 79	978		
If well produces oil or liquids, give location of tanks.	Unit Soc.	ii		enected?	When	7]	
f this production is commingled with tha	t from any other lease	e or pool, give comm	ungling order number:						
V. COMPLETION DATA							le Barr	laiff Back	
D : To a f Com lation	(V)	Well Gas Well	I New Well W	orkover	Deepen	Plug Back 	Same Res'v	Diff Res'v	
Designate Type of Completion		dy to Prod	Total Depth	J		P.B.T.D.	I	-1	
Date Spudded	Date Compl. Read	ay to riou.							
Elevations (DF, RKB, RF, GR, etc.)	Name of Producir	g Formation	Top Oil/Gas Pay	Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casin	g Slice		
	quir	IC CASING AN	ND CEMENTING	RECORD)	_!			
HOLE CIVE		A TUBING SIZE		PTH SET			SACKS CEM	MENT	
HOLE SIZE	- CASING			IN E	(P) C	ME	\mathbf{U}		
					W 16	1 U 20	 		
				1100000000					
				A	Ui Z 3	1990			
V. TEST DATA AND REQUI	EST FOR ALLC)WABLE	must be equal to or ex-	الملاكن نمين	acc)	Jacoby V.	for full 24 ho	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	ште ој года он апа г	Producing Metha	od (Flow, pur	v. 94 47	elca	<u>- , </u>		
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure		Choke Size			
				Water - Bbis.		Gas- MCF			
Actual Prod. During Test	Oil - Bbls.		Water - Boile	Water - Boil					
GAS WELL									
Actual Prod. Test - MCT/D	Length of Test	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
W-17 h 261 1-1		Securities	Casing Pressure (Shut-in)			Choke Size			
lesting Method (pitot, back pr.)	Tubing Pressure (Shul-in)		Casing Freshire	Casing Ficasure (Singular)					
VI. OPERATOR CERTIFI	CATE OF CO	MPLIANCE		II CON	CEDV	ATION!	DIVICI	ON	
I hereby certify that the rules and reg		OIL CONSERVATION DIVISION							
Division have been complied with a		AUG 2 3 1990							
is true and complete to the best of m	Date /	Date Approved							
D.H. Mles	_				3	o d	ham/		
Signature Doug W. Whaley, Sta	By	SUPERVISOR DISTRICT #3							
Printed Name	Title_		JUFER						
July 5, 1990	30	03-830-4280 Telephone No.	-						
		-		متعاقب بمراج	-				

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.