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

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 300450699300 AMOCO PRODUCTION COMPANY P.O. BOX 800, DENVER, COLORADO 80201 Reason(s) for Isling (Check proper box) Other (Please explain) Change in Transporter of: New Well Dry Gas Recompletion Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Kind of Lease Well No. Pool Name, Including Formation Lease Name DAUM LS BASIN DAKOTA (PRORATED GAS) State, Federal or Fee Location 1800 1650 FWL Feet From The Feet From The 32 28N 9W SAN JUAN County Township NMPM III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate 3535 EAST 30TH STREET, FARMINGTON, NM 87401
Address (Give address to which approved copy of this form is to be sent) MERIDIAN OLL INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas [ P.O. BOX 1492, EL. Is gas actually connected? EL PASO NATURAL GAS COMPANY PASO TX 79978 If well produces oil or liquids, give location of tanks. Rge. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v Diff Res'v Oil Well Gas Well New Well | Workover Deepen Designate Type of Completion - (X) Date Compl. Ready to Prod. PRTD. Date Spudded Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) **Tubing Depth** Name of Producing Formation l'erforations TUBING, CASING AND CEMENTING RE SACKS CEMENT HOLE SIZE CASING & TUBING SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 ho OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas. MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. GAS WELL Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCI/D Length of Test Choke Size Tubing Pressure (Shut in) Casing Pressure (Shut-in) l'esting Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above AUG 23 1990 is true and complete to the best of my knowledge and belief. **Date Approved** Signature Doug W. Whaley Supervisor SUPERVISOR DISTRICT #3 Printed Name Title Title. 303-830-4280 Telephone No. July 5.

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.