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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	nego T				AND NA								
- Operator		J 11 1/31						Well		I No.			
AMOCO PRODUCTION COM	PANY							30)04	507477	00		
Address P.O. BOX 800, DENVER,	COLORAD	0 8020	1										
Reason(s) for Filing (Check proper box)					Out	er (Please	explai	n)					
New Well		Change in		,									
Recompletion	Oil		Dry Ga										
Change in Operator	Casinghead	Gas 🗌	Conder	sate [X]									
f change of operator give name and address of previous operator													
I. DESCRIPTION OF WELL	L AND LEA	SE											
Lease Name KUTZ FEDERAL					ng Formation OTA (PRO	RATED	GAS			Lease ederal or Fee		ease No.	
Location Unit LetterG	:	1850	Feet Fi	om The	FNL Lir	e and	18	50	Feel	From The	FEL	Line	
Section 18 Towns	shin 281	, 28N Range 10V							AN	N JUAN County			
III. DESIGNATION OF TRA				D NATU	RAL GAS	addeas	to whi	ch approx	ed c	one of this f	orm is to be s	ent)	
Name of Authorized Transporter of Oil		or Conden	sale		1								
MERIDIAN OIL INC. Name of Authorized Transporter of Cas	singhead Gas		or Dry	Gas X	Address (Gi	AST 3 ve address	OTH.	STREE ch approv	ed c	FARHIN	orm is to be so)87401 m)	
SUNTERRA GAS GATHERI			,	נתנו	l						<u>87413</u>		
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.	Rge.				Wh					
If this production is commingled with th	at from any oth	er lease or	pool, gi	e comming	ling order nur	ber:							
IV. COMPLETION DATA		_,	,						-,-		ta p t	byer n t.	
Designate Type of Completic	on - (X)	Oil Well		Gas Well	New Well	Worko	ver [Deepen	1	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	Date Compl. Ready to Prod.				Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	(, etc.) Name of Producing Formation.					Top Oil/Gas Pay				Tubing Depth			
Perforations					l					Depth Casing Shoe			
		UBING,	NG AND	CEMENTING RECORD				₁	0.000 05.4507				
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET					SACKS CEMENT			
					<u> </u>								
					<u> </u>								
V. TEST DATA AND REQU	EST FOR A	LLOW	ABLE				!!-	abla for	14	dansk oe ha	for full 24 has	ars)	
OIL WELL (Test must be after Date First New Oil Run To Tank	t be after recovery of total volume of load oil and mus					lethod (FI	op ano ow, pu	mp, gas ly	i, ele	c.)	Jul 14 1101		
Date Litz idea Off Kum to 19mg	Date of Te	Date of Test				•	,						
Length of Test	Tubing Pre	:ssure			Casing Pres	ente		in !		Choke Size	MEG	•	
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			a - (8 L d	V IS	11	
_	l							u u	***	I 9 10	يا مم	<u>"</u>	
GAS WELL								•		L 2 19			
Actual Prod. Test - MCF/D	Length of	l'est			Bbls. Conde	asale/MM	ICF .	Oll	(CON!	DIV.		
							-			DIST. 3			
l'esting Method (pitot, back pr.)	Tubing Po	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)							
VI. OPERATOR CERTIF	ICATE OF	COME	LIA	NCE		011 6		1050		TION	חוויייי	 N	
I hereby certify that the rules and re	gulations of the	Oil Conser	vation		11	OIL (19FH	٧P	AHON	DIVISION	JIV.	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Data Approved JUL 2 1990							
is true and complete to the nest of t	my knowleage a	me nelici.			Dat	е Арр	rove	d	J	UL .			
D. H. Iller	_				n			7.	,	d	2		
Signature Doug W. Whaley, Staff Admin. Supervisor						By Sunt) Chang							
Doug W. Whaley, St Printed Name	Laff Admi	n. Sup	ervi Tale	sor	Tar	a.		SUPE	RV	ISOR DI	STRICT	13	
June 25, 1990			830-	4280_	Title	J							
Date			ephone										

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.