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

## State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

Operator

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Among Production Communication								Well API No.				
Amoco Production Company Address								3004511615				
1670 Broadway, P. O.	Box 800	), Denv	er,	Color	cad	lo 80201						
Reason(s) for Filing (Check proper box)			_			Other (Please expl	lain)			·		
New Well	0:1	Change in										
Recompletion Change in Operator	Oil Casinghe	od Cor. □	Dry (		X							
If change of operator give name	Castiglie	au Oab	Conu		-∆i							
and address of previous operator										<del></del>		
II. DESCRIPTION OF WELL Lease Name		D1	Name 1	-1	- P	<del></del>						
SCHWERDTFEGER A	Well No.   Pool Name, Includi 1   BASIN (DAK						FEDERAL SF079319		Lease No. 70310			
Location	<del></del>	1	<del></del> -			L	32013313					
Unit LetterC	_ :10	50	Feet 1	From The	F	NL Line and 1510	) 	Fe	et From The	FWL	Line	
Section 36 Townshi	Range 9W				, NMPM, SAN			N JUAN County				
		<del></del>								<del></del>	County	
III. DESIGNATION OF TRAN	SPORTE			ND NA	TU							
Name of Authorized Transporter of Oil or Condensate X  MERIDIAN INC.						Address (Give address to which approved copy of this form is to be sent) P. O. BOX 4289, FARMINGTON, CO 87499						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					5	Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS COM					P. O. BOX 1492,	PASC	SO, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit 	S∝.	ec. Twp. R			Is gas actually connected?	ļ	When ?				
f this production is commingled with that	from any oti	her lease or p	pool, g	ive comm	ningl	ing order number:			····			
IV. COMPLETION DATA		_,										
Designate Type of Completion	- (X)	Oil Well		Gas Wel	l	New Well   Workover	Dee	pen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.	<del></del>		Total Depth	<u>L</u> .	I	P.B.T.D.	l		
Elevations (I) E. BVD. BT. CD				- <del></del>		To- Oil/Co- Dou						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay		Tubing Depth				
Perforations								Depth Casing Shoe				
	<del></del>											
TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE					1D							
NOLL SIZE	SING & TO	BING	SIZE		DEPTH SET		SACKS CEMENT					
					_							
/. TEST DATA AND REQUES	T FOR A	TLOWA	RIF	<del></del>								
					usi i	be equal to or exceed top allo	wable t	or this	depth or be f	or full 24 ho	ws.)	
Date First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)						
ength of Test	T D.				_	Carina Danasa		<del></del> ,	<u> </u>	5		
sengar or rea	Tubing Pre	ssure				Casing Pressure			Chore Size	• •	• • • • • • • • • • • • • • • • • • • •	
Actual Prod. During Test	Oil - Bbls.					Water - Bbls.			Gas-MCF	Files :		
						· · · · · · · · · · · · · · · · · · ·					. ,	
GAS WELL	F								O!	. $\mathbf{C}$		
Actual Prod. Test - MCF/D Length of Test						Bbls. Condensate/MMCF		Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Clioke Size				
/I OPERATOR CERTIFICA	TE OF	COLADI		JCE					<del></del>			
I. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						OIL CON	SEF	AV <i>F</i>	TION I	DIVISIO	NC	
Division have been complied with and that the information given above							•				= / <del>-</del>	
is true and complete to the best of my ki	nowledge an	d belief.				Date Approved	t	AM	107 50	10		
a. L. Hamotan					A							
Signature University					By							
J. L. Hampton Sr. Staff Admin Suprv. Printed Name Title					SUPERVISION DISTRICT # 5							
Date 7/28/89		303-83				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.