District 1 PG Box 1980, Hobbs, NM 88241-1980

811 South First, Artesia, NM 88210

District II

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office

811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410			OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505						Submit to Appropriate District Office 5 Copies				
District IV	·		£	Sant	a re, r	VM 87	505				] AM	ENDED REPORT	
2040 South Paci				LLOWAB	LE AN	ND AU	THOR	IZAT	ION TO T	RANSI	PORT	<u>r</u>	
	<b>A</b>	D 1	Operator na					000	OGRID Number				
Amoco Production Company P. O. Box 800										<sup>1</sup> Reason for Filing Code			
Denver, Colorado ,80201									i	RC - Recompletion			
4 A	11 Number		<del></del>	Pool Nume			° Pool Code						
30 - 0 452			Blanco					7	72319				
¹ Property Code 000784			Lackey	operty Nume					' Well Number 13M				
I. Surface Location Ut or lot no. Section Township			. I										
C	20	28N					Feet from the	1	East/West line County West San Juan				
		Hole Loc			1023 NOTEII		1	1033 West San Suan					
VL or lot no.	<del></del>				Feet from the		North/South line		Feet from the	East/West line County		County	
12 Lise Code	13 Producii	ng Method C	ode 14 Gas	Connection Date	15 C-	-129 Permi	t Number	Ţ	C-129 Effective	Date	" C-	129 Expiration Date	
F				····									
III. Oil ar			Ters Transporter N	Vame	<del></del>	" POI		<sup>31</sup> O/G		21 more viv	CTD I		
OGRID		and Address					·		<sup>22</sup> POD ULSTR Location and Description				
07057	Р.	P. O. Box 1492					3530 G						
014538		Il Paso, Texas  Meridian Oil Inc.					35/0 0						
	(20000000000)	P. O. Box 4289 Farmington, New Mexico									and the second		
***	rai	minglo	n, new m	exico									
			DECENT						DECEIVED.				
		AUG 2 1 1983					1			AU6 1 0 1995			
IV. Produ	rob Wa	ter		LCON.	DIN	7				<b>OIL</b>	<del>((</del> (0)	M DIW	
	550		_	Digit. 3	3	r <del>y</del> ob ut.	STR Locati	ion und D	escription			168 168	
V. Well (		ion Data	<del></del> l			<del></del>		<del></del>					
			Ready Date "TD			n PBTD			" Perforations " DHC, DC,MC			" DHC, DC,MC	
3-12-80		8	8-3-95 670						3680-4542' DHC			DHC	
	31 Hole Size		<del></del>	2 Depth Set			· <del></del>			s Cement			
13-3/4			9-5/8	228'			190 cm. ft. 5 ×						
8-3/4 & 7 7/8"			2-3/8" tba.			6703'				100 CU	T L	· 5×	
			2-3/8" Tbg.			<u>(e.</u>	560	*					
VI. Well	Test Da	ta	1						l.	<del></del>			
35 Dute N	ew Oil	3 Gus Delivery Date		" Test Date 8/3/95			3 Test Length 8 hrs		3° Tbg. Pressure 10#			** Csg. Pressure 290#	
4 Choke Size		21 t	"ou 21 bbls		Wuter ()		4 Gas 145 mcf		4 AOF		Flo	"Test Method Wing	
47 I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  Signature:							OIL CONSERVATION DIVISION Approved by:						
Printed name: Cail M Lefferson							Title: SUPERVISOR DISTRICT #3						
Title: Sr. Admin. Staff Asst.													
	Date: 8/9/95			Phone: (303) 830-6157			AUG 1 7 1995						
		rator fill in t		nber and name o		ious operat	or			<del></del>			
· · · · · · · · · · · · · · · · · · ·	Previous C	perator Sign	nature	<del></del>	<del></del>	Printe	d Name			Titl	lc	Dute	

## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table:

  NW New Well

  RC Recompletion

  CH Change of Operator (Include the effec 3. Reason for filing code from the following table:

  NW New Well

  RC Recompletion

  CH Change of Operator (Include the effective date.)

  AO Add oil/condensate transporter

  CO Change oil/condensate transporter

  AG Add gas transporter

  CG Change gas transporter

  RT Request for test allowable (Include volume requested)

  If for any other reason write that reason in this box.
- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7 The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

Federal
State
Fee
Jicarilla
Navajo
Ute Mountain Ute S

Other Indian Tribe

- The producing method code from the following table:

  F Flowing
  P Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table:
  O Oil
  G Gas 21.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", atc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different arom the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- 34. Number of sacks of cement used per casing string

If the following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- 35. MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- MCF of gas produced during the test 44
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well: Flowing Pumping Swabbin Swabbing
  If other method please write it in.
- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 47.

The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the data this report was signed by that person 48.