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 II P.O. Drawer DD, Arlesia, NM 88210	·	San	ta Fe.	P.O. E		2088 co 87504	-2088				,		
DISTRICT III OW Rio Brazos Rd., Aziec, NM 87410	REQU	EST FO	OR AL	LOWA	BLE	AND AL	JTHOR	IZA	TION				
•	TIEGO	TO TRA	NSPO	ORT O	IL AI	ND NATI	JRAL G	AS		51 XI2		 1	
perator							Well API No. 3004524111					1	
AMOCO PRODUCTION COMPA									1 300	132122			
P.O. BOX 800, DENVER, Reason(s) for Filing (Check proper box)	COLORAD	0 8020	1		-1	Other	(l'icase exp	dair)					
New Well		Change in			_				_				
Recompletion	Oil	_	Dry Ga Conden										
Change in Operator L	Caungnea	. Oa (_)	COLOR	<u> </u>									
change of operator give name and address of previous operator													
1. DESCRIPTION OF WELL AND LEASE Note Well No. Pool Name, Including						Formation Kin				Lesse	Lea	Lease No.	
Lease Name OMLER A		4E BASIN (DAKO								ERAL SF077085			
Location ()		940	Seet Fr	om The .		FSL Line	ad	175	0 Fee	st From The _	FEL	Line	
Unit Letter25Townshi	_ : 28!	201 101								JUAN	JUAN County		
Secuod 100 isin	Р		Range										
III. DESIGNATION OF TRAN	SPORTE	OF OF O	IL AN	D NAT	URA	LL GAS ddiess (Give	address to	whic	h approved	copy of this fo	orm is to be sen	u)	
Name of Authorized Transporter of Oil or Coodensate MERIDIAN OIL INC.						3535 EAST 30TH STREET, FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is so be sent)							
Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gas [copy of this fo		u)	
EL PASO NATURAL GAS CO	MPANY Unit	Soc.	Twp	l R		gas actually			When		9976		
If well produces oil or liquids, give location of tanks.	i	i	Ì _	_i									
If this production is commingled with that	from any ot	her lease or	pool, gi	ve commi	ingling	order aumb	er:						
IV. COMPLETION DATA		Oil Wel	<u>-</u>	Gas Well		New Well	Workover		Deepen	Piug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>			_ _	otal Depth		_i		P.B.T.D.	L	ــــــ	
Date Spudded	Date Compl. Ready to Prod.												
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					1	Top Oil/Gas Pay				Tubing Dep	Tubing Depth		
Perforations	<u> </u>									Depth Cass	ng Shoe		
Perforations												<u> </u>	
TUBING, CASING AND					AD C	DEPTH SET					SACKS CEM	ENT	
HOLE SIZE		ASING & I	UBING	SIZE	\dashv	DEFINGET							
					-								
V. TEST DATA AND REQUE	FST FOR	ALLOW	VABL	E				_		_1			
V. TEST DATA AND REQUI	recovery of	total volum	e of loa	d oil and	musi b	e equal to or Producing M	exceed top	allo	wable for th	is depth or be	for Juli 24 hou	<u>us.)</u>	
Date First New Oil Run To Tank	Date of	Te s			ľ	Producing M	caton (1 m)	-, p-	· · · · · · · · · · · · · · · · · · ·				
Length of Test	Tubing I	Tubing Pressure					Casing Pressure			Choke Size			
	Oil - Bb	0. 111				Water - Big				CA-NCF			
Actual Prod. During Test	011 - 150						FEB	12	<u>5 1991.</u>				
GAS WELL							ع الد	Ω	N DI	Wel-	Condensate		
Actual Prod. Test - MCI/D	Length of Test					DIST. 3					The state of the s		
	Pressure (SI	Shut-in)			Casing Pressure (Shut-in)			··· ·	Choke Size				
l'esting Method (pitot, back pr.)													
VI. OPERATOR CERTIF	CATE (OF COM	APL1	ANCE			OIL C	(N	ISER\	ATION	DIVISI	ON	
the nature and for the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date ApprovedFEB 2 5 1991							
11/1/11						Date rippieres							
D. F. Whiley						By_ But Charl							
Signature Doug W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT #3							
Printed Name February 8, 1991			110	-4280		Titt	θ						
Tebruary 0, 1331			S=83∪ Telephor		_	1							

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.