State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instruction at Buttom of Page

DISTRICT II P.O. Drawer DD, Artesia, 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 I TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. AMOCO PRODUCTION COMPANY 300452236000 P.O. BOX 800, DENVER, COLORADO 80201 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Change in Operator \prod Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation
BLANCO PICTURED CLIFFS (GAS) Kind of Lease ROELOFS A LS Lease No. State, Federal or Fee Location 1460 FEL. Unit Letter Feet From The Feet From The 9 29N 8W SAN JUAN NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) MERIDIAN OIL INC. 3535 EAST 30TH STREET, FARMINGTON, NM 87401
Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casingliead Gas or Dry Gas EL PASO NATURAL GAS COMPANY P.O. BOX 1492, EL PASO, TX 79978 is gas actually connected? When? If well produces oil or liquids, Unit Twp. Rge. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well | Workover Oil Well Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod Ton Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforation Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE SACKS CEMENT HOLE SIZE DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Oil - Bbls. OIL CON., DIV. GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Stude Bate lesting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size 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 2 1 1990 is true and complete to the best of my knowledge and belief. Date Approved By_ Signature Loug W. Whaley,

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name

July 5, 1990

1) Request for allowable for newly drifted or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

SUPERVISOR DISTRICT #1

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

Supervisor

303-830-4280 Telephone No.

- 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.