Submut 5 Cupies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, 14/4bbs, NM 8/4240

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, Artesia, NM 88210

DU) Rio Brazos Rd., Aztec, NM 87410			BLE AND AUTHO		ON				
Decator AMOCO PRODUCTTON COMPA		Weil API No. 300452274900							
AMOCO PRODUCTION COMPAI						73221770			
P.O. BOX 800, DENVER, Reason(s) for Filing (Check proper box)	COLORADO 8020)1	Other (Please	explain)					
New Well	Change is	Transporter of:							
Recompletion []		Dry Gas 📙							
Change in Operator	Casinghead Gas	Condensate							
change of operator give name ad address of previous operator									
I. DESCRIPTION OF WELL		T==:						ease No.	
Lease Name HARDIE LS	5A	Pool Name, Includ BLANCO MES	SAVERDE (PRORA	TED GA		(Lease Federal or Fee			
Location D	800		FNL	800			FWL		
Unit Letter	_ :	Feet From The	Line and			et From The _		Line	
Section 23 Township	29N	Range 8W	, NMPM,		SAN	JUAN		County	
II. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS						
Name of Authorized Transporter of Oil	or Couder		Address (Give address	•	•	• • • •			
MERIDIAN OIL INC. Name of Authorized Transporter of Casing	thead Gas	or Dry Gas	3535 EAST 30 Address (Give address	TH STRI	Provid	FARMING COPY OF INIT TO	TON NH	87401	
EL PASO NATURAL GAS CON			P.O. BOX 149						
If well produces oil or liquids, ive location of tanks.	Unit Sec.	Twp. Rgc. I I	Is gas actually connect] ? امم ا	When	7			
f this production is comming ed with that (from any other lease or	pool, give comming	ling order number:						
V. COMPLETION DATA			. <u></u>				la n i	hyren, sy	
Designate Type of Completion	Oil Well - (X)	Gas Well	New Well Worko	ver De	epca	Plug Back	Same Res V	Diff Res'v	
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth			P.B.T.D.		_+	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay Tubing Depth				h		
TIEVARIORS (DF, NKD, KI, ON, SIL.)	2008 (DF, RAB, RF, OR, SIC.)		·						
Perforations						Depth Casing	1 Zpoc		
	TUBING	CASING AND	CEMENTING RE	CORD	· ·				
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
	ļ					 			
C COCCE DATE AND NEOTICE	T FOR ALLOW	ADI E	<u>l</u>			J			
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR ALLUM recovery of total volume	of load oil and mus	t be equal to or exceed t	op allowable	for thi	depth of the	er juli 24 hou	us)	
Date First New Oil Run To Lank	Date of Test		Producing Method (FI	FIA					
Length of Test	Tubing Pressure		Casing Pressure			3 1990			
			Water - Bbls. OIL CO			Gast MCF	Gast MCF-k\ /		
Actual Prod. During Test	Oil - Bbls.					M. Dey.			
GAS WELL	_l				C	131.			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size	Choke Size		
						<u> </u>			
VI. OPERATOR CERTIFIC			OILC	ONSE	RV	ATION !	DIVISIO	NC	
I hereby certify that the rules and regul Division have been complied with and	ations of the Oil Conse that the information gir	rvation ven above							
is true and complete to the best of my			Date App	roved _		UG 23	1990		
NIIII						· ~	,		
Signature Signature	5 41 : 5		Ву) (-14			
Signature Doug W. Whaley, Staft	f Admin, Supe	rvisor Tide	Title	SU	PER	VISOR DIS	STRICT	/3	
July 5, 1990		830=4280							
4 4444			11						

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.