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, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

ANGCO PRODUCTION COMPANY ANGCO PRODUCTION COMPANY Sudday		то	TRANS	PORT OIL	. AND NATURA	L GAS					
P.O. BOX 800, DENVER, COLORADO 80201 Causes by Transporter of Contents of County Coun	Operator AMOCO PRODUCTION COME	Well API No.									
Catacomy for Timp (Circle proper how) [Address P.O. BOX 800, DENVER,	COLORADO 8	30201								
address of previous operators DESCRIPTION OF WELL AND LEASE	Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Cha Oil	nge in Tran	Gas 🔲	Other (Pleas	e explain)					
Main Name Note	f change of operator give name ad address of previous operator										
Unil Letter 1 1750 Peat From The FSL Line and 1000 Feet From The FEL Line and Section 8 Township 29N Range 8W NMFM, SAN JUAN County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Sume of Audonized Transporter of Oil or Condensate Additional Transporter of Oil or Condensate Additional Transporter of Chainghead Gas Or Dry Gas Dry	I. DESCRIPTION OF WELL Lease Name DAY	Wel	No. Poo			GAS)			_	ase No.	
IL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Same of Authorized Transporter of Casinghead Gas		1750) Fee	From The	FSI. Line and _	1000	Fe	et From The .	FEL	Line	
Address (Give address to which approved copy of the for no be sent) RERIDIAN OIL INC. Address (Give address to which approved copy of the for no be sent)	Section 8 Towns	hip 29N	Ran	ge 8W	, NMPM,		SAN	JUAN		County	
Designate Type of Conyletion - (X) Designate Type of Conyletion - (X) Date Spudded Date Compt. Ready to Prod. Top Gil/Gas Pay Depth Depth Casing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET BY AUG 2 1990. TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL (I can must be after recovery of load volume of load oil and must be equal to or exceed top allowable for lawying or be for full 24 hours.) Producing Method (Flow, pump, gastwork) Length of Test Tubing Pressure Casing Pressure Choke Size GAS WELL Actual Prod. During Test Oil - Bbls. GAS WELL Actual Prod. Test - Mici/D Length of Test Tubing Pressure (Shus-in) Tubing Pressure (Shus-in) Tubing Pressure (Shus-in) Date Approved AUG 2 3 1990 Date Approved By SUPERVISOR DISTRICT # 3	Name of Authorized Transporter of Oil MERIDIAN OIL INC. Name of Authorized Transporter of Cas EL PASO NATURAL GAS C If well produces oil or liquids, give location of tanks.	inghead Gas OMPANY Unit Soc	or I	Dry Gat p. Rge.	3535 BAST 3 Address (Give address P.O. BOX 14 Is gas actually connect	OTH ST	REET approved	FARM No	TON NM orm is to be se		
Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Date Spudded Date Compl. Ready to Prod. Top Gil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH ST EC E TO EMENT AUG 2 1990. 7. TEST DATA AND REQUEST FOR ALLOWABLE DIL WELL (I sat must be after recovery of total volume of food oil and must be equal to or exceed top allowable at participle or be for full 24 hours.) Date first New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Choke Size CASING Method (Piton, pump, gallowable) GAS WELL Actual Prod. During Test Oil - Bibla. Water - Bibla. GAS WELL Actual Prod. Test - MCIT/D Length of Test Tubing Pressure (Shu-in) Tubing Pressure (Shu-in) Oix & Size Oix Ordensate Oix & Size Oix Ordensate Oix On Servation Division have been compliced with and that the information gives above is tone and complete to the best of my knowledge and belief. Signature U. Whater, Staff Admin. Supervisor Supervisor District #3	I this production is commingled with th V. COMPLETION DATA	at from any other le	ase or pool,	give comming					1	have no 1	
Signature W. Waler - Bolis Signature W. Waler - Staff Admin. Supervisor Top Oil/Gas Pay T	Designate Type of Completic		i Weli	Gas Well	New Well Works	over 1	Deepen	Plug Back	Same Res'v	Dill Res'v	
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HOLE SIZE CASING & TUBING SIZE DEPTH ST BOT ALLOWABLE AUG 2 1990 By SUPERVISOR DISTRICT 13	Perforations	Depth C				sing Shoe					
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July 5, 1990 303-830-4280 Date Telephone No.	Printed Name		iii 803-830	ile)=4280	Title		SUPER	VISOR D	ISTRICT	/3	

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.