Submit 5 Cepies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

State or frew michico Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

RICT III Rio Brazos Rd., Aziec,	NM 87410	REQU	EST FO	R ALI	LO	WABL	E AND) AU	THOR	IZA AS	TION					
TO TRANSPORT OIL AND						ANDI	Weil API No. 300452556400									
10CO PRODUCTI																
O. BOX 800,	DENVER, CO	OLORAD	0 80201	l				Other (Please ex	plain)						
son(s) for Filing (Check w Well	proper box)		Change in			ot:										l
ompletion	j ,	Oil	4 Gas ☐	Dry Gas Condon		Н										
inge is Operator 1.		Casinghea	4 648	Conocii												
ange of operator give r					_											
DESCRIPTION	OF WELL A	ND LE	Well No.	Pool N	ame	Includia	ng Formal	ioa					Lease deral or Fee		Lease	: No.
LORANCE			123	BAS	IN	DAKO	ŤA (PI	RORA	TED G			1e, re		 FWJ	 r.	
cation Unit Letter	E	:	10	Feet F	rom	The	FSL	Line		960			From The _			Line
	3 Township	291	١	Range		8W		, NM	PM,		s	AN .	JUAN			County
. DESIGNATIO		epopti	ER OF O	IL AN	ND.	NATU	RAL G	AS					and this f	vm it to b	e seni	·
I. DESIGNATIO	sporter of Oil		or Conde	Sale			Address	(Give	address i	o whu	ch oppr	owea c	FARMING	TON	NM.	87401
CEDINIAN OIL	INC.			or Dry	. Ca	• []	3535	_EA	ST 301 address (o whi	ch appr	oved c	opy of this	orm is lo b	se seni) , , , , ,
anie of Authorized Trai	sporter of Casing	head Gas	LJ	Of Di	,	• ட	P.O.	_BO	X 1492	2 . E	L_PA	so,	TX 79	978 -		
EL PASO NATUR well produces oil or lie	AL GAS COP	1PANX _	Sec.	Twp.	1	Rge	. Is gas a	ctually	connecte	d?	۱۷	/hen 7	,			
		<u> </u>	_i	ــــــــــــــــــــــــــــــــــــــ	ᆜ		line order	- numb								
this production is com	ningled with that I	from any o	ther lease of	r pool, g	give	comming	ging orde	(MILITA	~·· _					-,		hue n. h.
v. COMPLETIO	N DATA		Oil We			s Well		Well		er	Deep	en	Plug Back	Same Re	es'V	Diff Res'v
Designate Type (of Completion	- (X)	1	" i	_		_ İ		<u> </u>				P.B.T.D.	ــــــــــــــــــــــــــــــــــــــ		1
ate Spudded	Date Cornel Ready to 1700.			Total	otal Depth				7.5.1.5.							
	N	Deducina	Formali	on.		Top O	p Oil/Gas Pay				Tubing De	Tubing Depth				
levations (DF, RKB, R	Name of	Name of Producing Formation									Depth Casing Shoe					
Perforations													Depart of			· · · · · · · · · · · · · · · · · · ·
			TUBING	- CA	CIN	C AN	D CEM	ENT	NG RE	COR	D					
		¬·	TUBING	J, CA.	G S	ZE			DEPTH	97) E	P	FIV	Sec 16	CEM	ENI
HOLE S	HOLE SIZE			CASING & TUBING SIZE												
										- M	<u> </u>	110	2 3 1990	1	9	
													.)			
	TIKWEMI	er FOI	R ALLO	WABI	Æ		<u> </u>			(OIL	C	ON, C		24 ka	ers.)
V. TEST DATA	AND REQUE Test must be after	recovery	of total volu	me of lo	ad c	il and m	ust be equ	10 to	vethod (F	iop at	Awa his	Ant. in	us deprivation in	e jur ja		
OIL WELL (Date First New Oil Ru	n To Tank	Date o	Test				Produ	ncing 1	Nethod (r	10W, p	, a					
				Day Day				Casing Pressure				Choke Si	Choke Size			
Length of Test	Input	g Pressure									Gas- MCF					
Actual Prod. During T	CEL	Oil - l	Oil - Bbls.			Wate	Water - Bbls.									
L													- 12:3010	of Conden	sale	
GAS WELL Actual Prod. Test - M	ČT/D	Lengt	h of Test				Вы	. Con	lensate/M	MCF			Siavis)	-		<u>`</u>
		Tubing Pressure (Shut-in)					Cas	Casing Pressure (Shut-in)				Choke S	Choke Size			
Testing Method (puot		ļ										<u>.</u>				
VI. OPERATO	OR CERTIF	ICATE	OF CO	MPL	IA.	NCE			OIL	CC	NS	ER'	OITAV	N DI/	/ISI	ON
										_				2319		
I hereby certify the Division have been is true and compl						-	\parallel	D:	ate Ap	pro	ved		AUG	~ U IJ		
Is true and corner	1 111	, •						-		•				\sim	_	.•
292	Mily	<u>'</u>	-				-	В	<i>/</i>			۵.	٠,٨	حثغ	شبهم	
Signature House W &	haley, Sta	aff Ad	min. Š	iperv	vis	or						SUF	PERVISO	R DIS	TRIC	T /3
Printed Name						4280	- 11	T	itle							
July 5.																

- 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
- 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.

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST F	OR ALLOWAE	BLE AND AL	JTHORIZ	ATION					
I,	TOTR	ANSPORT OIL	TAN DNA	JRAL GA	S Well A	br No				
Operator AMOCO PRODUCTION COMPA	NY				4	5255640	0			
Address P.O. BOX 800, DENVER,	COLORADO 802	01								
Reason(s) for Filing (Check proper box)		•	Other	(Please explai	in)					
New Well		in Transporter of:						1		
Recompletion	 	Dry Gas						l		
Change in Operator	Casinghead Gas	Condensate								
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEASE				V:-1 -	(1	1 10	sse No.		
Lease Name FLORANCE	Well No	Pool Name, Include BLANCO PIC		FFS (GA	S) Kind o	ederal or Fee				
Location Unit Letter	910	_ Feet From The _	FSL Line :	96	0 Fee	t From The _	FWL	Line		
		_ 8W			CAN	JUAN		C		
Section 3 Townshi	ip	Range OW	, NM	PM,	- SAN	JUAN		County		
	CRAPTED OF	OU AND NATE	DAT CAS							
III. DESIGNATION OF TRAN	VSPORTER OF CORD	knsate	Address (Give	address to wh	uch approved	copy of this fu	rm is to be se	nt)		
			į.							
MERIDIAN OIL INC. Name of Authorized Transporter of Casin	ighead Gas	or Dry Gas	Address (Give	address to wh	uch approved	copy of this fo	rm is lo be see	w) 0/401		
EL PASO NATURAL GAS CO			P O ROX	1492	EL-PASO	-TX -79	978			
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	P.O. BOX	connected?	When	7 *** //	,,,			
give location of tanks.	i I	1l	1		L_					
If this production is commingled with that	from any other lease	or pool, give comming	ling order numbe	л						
IV. COMPLETION DATA					·			No.		
	lou w	ell Gas Well	New Well	Workover	Deepen	Plug Dack	Same Res'v	Diff Res'v		
Designate Type of Completion			Total Depth		ــــــــــــــــــــــــــــــــــــــ	P.B.T.D.		<u> </u>		
Date Spudded	Date Compl. Ready	to Prod.	10th Depth			P.B.1.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pa	ıy		Tubing Dept	Tubing Depth			
Perforations			1			Depth Casing Shoe				
1 CHOISTON										
	TUBING	G, CASING AND	CEMENTIN	IG RECOR	D					
HOLE SIZE		TUBING SIZE		OF PARTY OF	AFI	A E L	ACKS CEM	ENT		
				IU E		U 6-	} }			
			<u> </u>	-M-			<u> </u>			
			<u> </u>	- A	UG2 3 19	990				
V. TEST DATA AND REQUE	ST FOR ALLOV	WABLE		QJL	CON.	DIV	for full 24 hou	ers.)		
	recovery of total volue	me of load oil and mil	Producing Me	therd (Flow. a	D(5)	nc.)	, , , , , , , , , , , , , , , , , , , ,			
Date First New Oil Run To Tank	Date of Test				.,,	•				
Length of Test	n of Test Tubing Pressure					Choke Size	Choke Size			
						Gas- MCF				
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.							
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test		Bbls. Conden	HIE/MMCF		Gravity of	Gravity of Condensate			
						Actor		<u>- </u>		
l'esting Method (pitot, back pr.)	Tubing Pressure (S	Shut-in)	Casing Pressu	ire (Shul-in)		Choke Size	CHOKE SIZE			

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

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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 Doug W. Whaley, Staff Admin

Printed Name

July 5, 1990 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Date Approved

Title_

OIL CONSERVATION DIVISION

AUG 23 1990

SUPERVISOR DISTRICT #3

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

Supervisor

Title

- 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.