Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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 8/1504-2088

OU Rio Brazos R4., Aziec, NM 87410	REQUEST FOR A	LLOWABI	E AND AUTHORIZA	TION				
. TO TRANSPORT OIL AND NATURAL GAS					Well API No.			
Operator AMOCO PRODUCTION COMPANY					300452574800			
Address P.O. BOX 800, DENVER, (COLORADO 80201							
Reason(s) for Filing (Check proper box)	G		Other (Please explain	, "				
New Well	Change in Transp	. (7						
Recompletion	₩ .	ensate						
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WELL	AND LEASE							
Lease Name HUGHES		Name, Includia SIN DAKOT	g Formation FA (PRORATED GAS)	Kind of State, F	Lease ederal or Fee	Le	ise No.	
Location H	1490		FNL 790	_		FEL	• • • •	
Unit Letter		From The	Line and		From The		Line	
Section 19 Township	29N Rang	e 8W	, NMPM,	SAN	JUAN		County	
III. DESIGNATION OF TRAN		ND NATUP	RAL GAS Address (Give address to which	h approved	cons of this form	is to be see	()	
Name of Authorized Transporter of Oil	or Condensate							
MERIDIAN OIL INC. Name of Authorized Transporter of Casing	3535 EAST 30TH S Address (Give address to which	h approved	copy of this form	is to be see	v) 07401			
EL PASO NATURAL GAS CON		_,	P.O. BOX 1492 E	L PASO	TX 7997	8		
If well produces oil or liquids, give location of tanks.	Unit Soc. Twp.	. Kgc.	Is gas actually connected?	When				
If this production is commingled with that I	from any other lease or pool,	give commingli	ng order number:					
IV. COMPLETION DATA	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion				i	i		<u> </u>	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing S	lios		
	TURING CAS	SING AND	CEMENTING REPORT	T M	TWE	lis .		
HOLE SIZE	CASING & TUBING		DEPTH E		JU SA	на сем	NT	
				21100	o 1000	12		
	<u> </u>			AUG2	2 1220			
			C	II CC	N. DIV			
V. TEST DATA AND REQUES	ST FOR ALLOWABL	E .	be equal to or exceed top allow	. A DIS	T. 3	full 2al bou	re 1	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Dute of Test	id oil and must	Producing Method (Flow, pur	up, gas lift, e	ic.)	Jul 24 HOL		
Date Lius Lien Oil une 10 1 mm	Date of 1est							
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF			
GAS WELL	<u> </u>							
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERTIFIC	CATE OF COMPLIA	ANCE	OIL CON	SERV	ATION D	IVISIO	N	
I hereby certify that the rules and regulations of the Oil Conscrivation			OIL CONSERVATION DIVISION AUG 2 3 1990					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Approved					
11/100.			Date Apploved		1) d	/		
Singature			By But \ Chang					
Signature Doug W. Whaley Staff Admin. Supervisor Frince Name Title			SUPERVISOR DISTRICT /3					
July 5, 1990	303-830 Telephon	=4280 — nc No.						

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.