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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 III 1000 Rio Brazos Rd., Azicc, NM 87410

DISTRICE II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TOTRA	MSPO	HI OIL.	AND NAT	UHAL GA		mere:		i	
Amoco Propucti	suction Co.				30-045					
P.O. Box 800	Denver	Col	OCATO	80	126					
Reason(s) for Filing (Check proper box)				Othe	t (l'lease explain	n)				
New Well	Change in	Transport	ter of:	- N#	ime C	MANG	ಲ -		1	
Recompletion	Oil [	Dry Gas				Ų		,		
Change in Operator	Casinglicad Gas	Condens	alc []	Nuc	ahes	A 1	٠ ک	<del>"</del> /		
f change of operator give name and address of previous operator				<u> </u>	)					
II. DESCRIPTION OF WELL	- Franctica		l Vind a	(		es No				
Lease Name Hyghes /C/	Well No. Pool Name, Including Blanco			Mesave	erse	1	Kind of Lease State, Federal or Face SF078049			
Location U										
Unit Letter	2041		m 1.11€/ &W	ì	<u> </u>	 		<u>, -, -, -, -, -, -, -, -, -, -, -, -, -,</u>		
Section 2 3 Township	2710	Range	δW	, 1/1	1PM, JAA	<u> </u>	AN		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 E. 30th Str. FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sent)					
$\sim$ 10. As 1 $\sim$ 2 $\sim$ 1										
***************************************	AS CO.	178	l n		<u>x 4990,                                   </u>		RMINGR	W, NIM	67444	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	is gas actuall	connected?	When	<i></i>			
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA										
Designate Type of Completion	Oil Wel	ı   G	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready t	o Prod.		Total Depth	ll	<u>.</u>	P.B.T.D.	·		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I		Top Oil/Gas Pay			Tubing Depth				
·				:						
Perforations							Depth Casing	Slice		
	TUBING	, CASIN	4G AND	CEMENTI	NG RECORI	<u>D</u>	,	<u></u>		
HOLE SIZE	CASING & T	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
						:				
				,		:				
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE		4 <u></u>		:	J			
OIL WELL (Test must be after r.	ecovery of total volun	of load o	oil and must	be equal to or	exceed top allo	wable for thi	s depth or be fo	or fidl 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing M	ethod (Flow, pu	mp, gas lýl, e	ic.)	· · · · · ·		
						· · · · · · · · · · · · · · · · · · ·	- 50° 4°	1 1985 S 14.		
Length of Test	Tubing Pressure		Casing Pressure			Character	2 IL 1	a i		
						į.				
Actual Prod. During Test Oil - Bbls.				Water - Bbls.			MC11 7 7 1991			
							JUL1 3 1991			
GAS WELL						<del>, , , , , , , , , , , , , , , , , , , </del>	OII (	ON:	DIV.	
Actual Frod. Test - MCI/D					Bbls. Condensate/MMCF			MORIO A		
	Congui or root			Bols. Condensates WINTEL			Gravity of CD18410 3			
Testing Method (pitot, back pr.)	Tubing Pressure (She	il.in\	<del></del>	Cacino Press	ure (Shut-in)		Choke Size			
B and the district with							GIORO DIZO			
VI OPERATOR CERTIFIC	ATE OF COM	DITAN	ICE	1		· · · · · · · · · · · · · · · · · · ·	<u></u>	· · · · · ·	; <del> </del>	
VI. OPERATOR CERTIFICATE OF COMPLIANCE					AOO IIC	ISFRV	I MOITA	אואוכור	NC	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.					JUL 1 2 1991					
				Date	a Approve	a		1 -	·	
Signature						3.	4), B	hamp		
B. W. Whaley Staff Admin Super. Printed Name Title				By_		SUPE	Q ROSIVE	STRICT	#3	
7-12-91	(303) 890-	4780	<b>)</b>	Title						
Date	To	Icphone N						•	_	
	APPENDED A STORMAN PROTECTION	وهاد الميام الألماء	and the state of t	20/41000 22/05/25	PATEND DISTRICT	30315247890	71779 WINDS	Ad allowed dark and	AND DESCRIPTION OF THE PARTY OF	

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.