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Appropriate District Office
DISTRICT 1
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 J P.O. Drawer DD, Anesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

AMOCO PRODUCTION COMPANY					300450771500					
Address P.O. ROX 800 DENVER	COLOBADO 80	201								
P.O. BOX 800, DENVER,  Reason(s) for Filing (Check proper box)	COPOUNDO 00			Othe	r (Please expla	in)				
New Well	Change	in Transp	orter of:							
Recompletion [	Oil .	Dry G	as [_]							
Change in Operator	Casinghead Gas	Conde	nsale 📗							
f change of operator give name and address of pievious operator										
I. DESCRIPTION OF WELL	AND LEASE									
Lease Name ITUGHES A LS	Well N			ng Formation SAVERDE (	PRORATED	Kind o GASSwe, I			ase No.	
Location A	990			FNL	89	0	•	FEL		
Unit Letter	- !	Feet F	rom The	Line	and		4 From The		Line	
Section 34 Township	29N	Range	8W	, NI	ирм,	SAN	JUAN		County	
III. DESIGNATION OF TRAN			ID NATU	RAL GAS		········				
Name of Authorized Transporter of Oil	or Cou	ionsale		1	e address to wh					
MERIDIAN OIL INC.				3535 E	ST 30TH	STREET,	FARMING	TON, NA	87401	
Name of Authorized Transporter of Casing		or Dry	Gas [	1	e address to wh				nu)	
EL PASO NATURAL GAS CO		111		P.O. BO	X 1492, connected?	EL PASO	TX 75	978		
If well produces oil or liquids, give location of tanks.	Unit Soc.	Twp. !	_i	<u> </u>		When	•		·	
If this production is commingled with that IV. COMPLETION DATA	from any other lease	or pool, gi	ve comming!	ing order num	жег.					
	Oil W	ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spubled	- (X)     Date Compl. Read	Lo Prod		Total Depth	l	I	P.B.T.D.	l		
riene alamini	Zana Compa. Nead,		l							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations	L			1			Depth Casin	g Slice		
	THOM	C CAS	NG AND	CEMENT	NO RECOP	n	<u> </u>			
HOLEGIAE	CASING &			CEMENTI	NG RECOR		FNWE	ACKSECEM	ENT	
HOLE SIZE	UASING &	,00000	<u></u>	<del> </del>	In			1111;		
					יש	AHAY	<del>3 1990</del>	123		
								· · · · · · · · · · · · · · · · · · ·		
V. TEST DATA AND REQUES	ST FOR ALLO	WABLE	<del></del>	<u> </u>		OIL CC				
OIL WELL (Test must be after r	ecovery of total volu	ne of load	oil and musi	be equal to or	exceed top allo	omable JoDi	pinder be	for full 24 hou	vs.)	
Date First New Oil Rua To Tank	Date of Test			Producing M	ethod (Flow, pi	ump, gus lýt, e	ic.)			
Length of Test	Tubing Pressure			Casing Press	TUE		Choke Size			
				Water - Bbls			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			17 mc1 - 1501			<u> </u>			
GAS WELL							T2, ==2.			
Actual Prod. Test - MCF/D	Length of Test			Bbls, Condensate/MMCF			Gravity of Condensate			
	J.,.,	. <del> </del>		Committee Name	m (Shill (a)		Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (5	erm-m)		Casing Picts	ure (Shut-in)		CINAL SIZE			
VI. OPERATOR CERTIFIC	ATE OF COM	лРLIA	NCE			JSERV	ΔΤΙ <u>ΟΝ</u> Ι	DIVISIO	)N	
I hereby certify that the rules and regul	lations of the Oil Co	scrvation		1					-11	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				_	AUG 2 3 1990					
is true and complete to the ocs of my	with the first series	•		Date	Approve	ed				
NH. Iller						7.	s d	2/		
Signature				By_						
Signature Doug W. Whaley, Staff Admin. Supervisor Title Title				Title	,	SUPER	VISOR D	ISTRICT	, 3	
July 5, 1990	303	R=830=	4280							
Date		Felephone	No.	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.