Subnut 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Dox 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. Drawer DD, Anesia, NM 88210			ox 2088				
DISTRICT III		a Fe, New M	lexico 87504-2088	ı			
1000 Rio Brazos Rd., Aztec, NM 8741	REQUEST FOR	R ALLOWA	BLE AND AUTHO	ORIZATION			
I.	TO TRAN	ISPORT OI	L AND NATURAL				
Operator AMOCO PRODUCTION COM		Well API No. 300450826400					
Address					0430820400		
P.O. BOX 800, DENVER							
Reason(s) for Filing (Check proper bo.	*	ransporter of:	Other (Please	explain)			
Recompletion		Ory Gas					
Change in Operator	Casinghead Gas C	ondensate X					
If change of operator give name and address of previous operator							
II. DESCRIPTION OF WEL	L AND LEASE						
Lease Name VALENCIA GAS CON X	Well No. P	OOI Name, Includ			of Lease Federal or Fee	Lease No.	
Location		BLANCO ME	SAVERDE (PRORA	TED GAS-		<u> </u>	
Unit LetterJ	:1820 F	ect From The	FSL Line and	1850 Fe	set From The	FEL Line	
Section 18 Town	shin 29N R	anne 9W					
Section 18 Town	ship 23H R	ange 9W	, NMPM,	SA	N JUAN	County	
III. DESIGNATION OF TRA	ANSPORTER OF OIL	AND NATU	RAL GAS				
Name of Authorized Transporter of Oil	or Condensat	* (X)	Address (Give address	lo which approved	copy of this form	is to be sent)	
MERIDIAN OIL INC. Name of Authorized Transporter of Ca	singhead Gas O	Dry Gas X	3535 EAST 30	TH STREET	FARMINGT	ON- CO -87401	
EL PASO NATURAL GAS		ы, ст [Д]					
If well produces oil or liquids, give location of tanks.		wp. Rge.	is gas actually connecte	d? When	7 , 18 199	/8	
· · · · · · · · · · · · · · · · · · ·			L				
If this production is commingled with th IV. COMPLETION DATA	im nom any other rease or por	a, give containing	ing order number:				
Designate Time of Constitute	Oil Well	Gas Well	New Well Workove	r Deepen	Plug Back San	ne Res'v Diff Res'v	
Designate Type of Completic	Date Compl. Ready to Pr	<u></u>	Total Depth		<u> </u>		
See Spaces	Date Compi. Ready to 11	· ·	roan Separ		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		ation	Top Oil/Gas Pay		Tubing Depth		
Perforations					D (2)		
. • • • • • • • • • • • • • • • • • • •					Depth Casing Sh	D é	
	TUBING, C	ASING AND	CEMENTING REC	ORD	!		
HOLE SIZE	CASING & TUBI	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
	-						
V. TEST DATA AND REQUIDED WELL (Test must be after							
Date First New Oil Run To Tank	r recovery of total volume of t Date of Test		Producing Method (Flow			Il 24 hours j	
ngth of Test Tubing Pressure		Casing Pressure	f	Choke Size	IVETT		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbis.		Water - Bbls.		# A 12 11	
				<u>u</u>	N JUL 2	1990	
GAS WELL							
ctual Prod. Test - MCF/D Length of Test		Bbls. Condensate/MMGF		OIL COI	Mr. DIV		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Chioke & DIST	. 3 ——	
				•	<u></u>		
I. OPERATOR CERTIFIC	CATE OF COMPLI	ANCE	011.00	MCEDV	ATION DIV	/ICION	
I hereby certify that the rules and reg Division have been complied with an) Oil CC			7151014	
is true and consplete to the best of m			Data Appro	JUL	2 1990		
Nil.M.			Date Appro	_		<u> </u>	
Signature Signature	By But Shang						
Doug W. Whaley, St.	SUPERVISOR DISTRICT #3						
Pointed Name	Tit 202 020		Title				
June 25, 1990	303-830 Telepho						

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.