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

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

Form C-104 Revised 1-1-89 See Instructions

O. Drawer DD, Artesia, NM 88210	0		Sox 2088		/			
DISTRICT III		anta re, New M	1exico 87504-208	58				
000 Rio Brazos Rd., Aztec, NM 87410	REQUEST F	OR ALLOWA	BLE AND AUTH	IORIZATION	V			
•			L AND NATURA					
Operator AMOCO PRODUCTION COMP		_	Well API No.					
Address	ANI			3	00450844700)		
P.O. BOX 800, DENVER,	COLORADO 802	01						
Reason(s) for Filing (Check proper box)			Other (Plea	se explain)				
New Well		n Transporter of:						
Recompletion [_]	Oil L. Casinghead Gas	Dry Gas L Condensate X						
change of operator give name	Cashightad Gas) Condensate [X]						
nd address of previous operator								
I. DESCRIPTION OF WELL				·····	···			
ease Name W.D. HEATH A	Well No.	Pool Name, Includ	ling Formation OTA (PRORATEI		id of Lease le, Federal or Fee	Lease	No.	
ocation		1 2 2	OTH (TRORITE	, dnb)		1		
Unit Letter N	:820	_ Feet From The	FSL Line and _	1450	Feet From The	FWL	Line	
00	201	-						
Section 09 Townsh	1ip 29N	Range 9W	, NMPM,	S	AN JUAN		County	
II. DESIGNATION OF TRAI	NSPORTER OF C	IL AND NATE	JRAL GAS					
Name of Authorized Transporter of Oil	or Coude		Address (Give addres	s to which approv	ed copy of this form	is to be sent)		
MERIDIAN OIL INC.			3535 EAST 3	OTH STREET	T. FARMINGT	'ON CO	87401	
lame of Authorized Transporter of Casin	nghead Gas	or Dry Gas	Address (Give addres	s to which approv	ed copy of this form	is to be sent)	37401	
EL PASO NATURAL GAS C well produces oil or liquids,	OMPANY Soc.	ITus I Bos	P.O. BOX 14	92, EL PA	SO, TX 799	78		
ve location of tanks.	1 1	Twp. Rge.	ls gas actually connec	acar į wh	en 7			
this production is commingled with that	from any other lease or	pool, give comming	ling order number:					
V. COMPLETION DATA								
Designate Type of Completion	Oil Wel	i Gas Well	New Well Works	over Deepen	Plug Back Sai	me Res'v Di	if Res'v	
Tate Spudded	Date Compl. Ready to	o Prod	Total Depth		1,			
an opacia	Dire Comp. Ready i	o i ioa.	Total Depart		P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth	Tubing Depth		
erforations					Depth Casing Si	hoe		
	TUDING	CASING AND	CTMENTING DE					
TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SAC	SACKS CEMENT			
110000100	3.10.11.0 10.01.0 0.22		DET THOE!		340	SACING CEMENT		
								
TEST DATA AND REQUE	ST FOR ALLOW	ADI E	1.					
	recovery of total volume	•	be equal to or exceed t	on allowable for t	his death ar he far (ull 24 hours)		
ate First New Oil Run To Tank	Date of Test		Producing Method (FI					
ength of Test	Tubing Pressure		Casing Pressure		Choke Size	VEI	î .	
ctual Prod. During Test	Oil - Bbls.		Water - Bbis.		Ga-MCF	4 6	}	
•				II.	0.1	.000 .000		
GAS WELL					JUL 21		***	
citial Prod. Test - MCI/D Length of Yest			Bbls. Condensate/MM	CF	OIL CON	ca-DIV		
	7		· '		DIST	Choke DIST. 3		
sting Method (pitot, back pr.)	Tubing Pressure (Shul	.·in)	Casing Pressure (Shut-	·in)	Choke 5126			
L ODER LEON CORRECT	1		1	· · · · · · · · · · · · · · · · · · ·				
I. OPERATOR CERTIFIC				ONSERV	ATION DI	VISION		
I hereby certify that the rules and regul Division have been complied with and	,							
is true and complete to the best of my			Date Appr	nved JU	JL 2 1990			
11/1/1//			Date Appl	_	/			
Sunday	:		By	(Zinh)) Though			
Signature Doug W. Whaley, Sta	ff Admin. Sup	ervisor	-,	EUPERM	60H 0/370L	77 65		
Printed Name		Title	Title					
June 25, 1990	303-/	830-4280	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.