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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240
DISTRICT II
P.O. Drawer DD, Anesia, NM 88210

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Buttom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

OU Rio Brazos Rd., Aztec, NM 87410			BLE AND AUTHO				
TO TRANSPORT OIL AND N Operator ANOCO PRODUCTION COMPANY				Well API No. 300450869900			
Address P.O. BOX 800, DENVER,	COLOPADO 803	0.1					
Reason(s) for Filing (Check proper box)	COLORADO 8020		Other (Please	explain)			
lew Well	Change in	Transporter of:					
(ccompletion	_	Dry Gas					
hange in Operator	Casinghead Gas	Condensate X					
change of operator give name address of previous operator							
I. DESCRIPTION OF WELL		I David Normal Lands	dia Esperim	I Va.	of Lease	Lease No.	
JAQUEZ GAS COM D	1	Pool Name, Inclu BASIN DAM	OTA (PRORATED		Federal or Fee	Law 110	
Ocation Unit Letter	1825	_ Feet From The _	FSL Line and	1950 Fe	et From The	FEL	
Section 06 Township	29N	Range 9W	, NMPM,	SAN	JUAN	Count	
II. DESIGNATION OF TRAN					,		
Name of Authorized Transporter of Oil	or Conde	nsate [X]	Address (Give address to				
MERIDIAN OIL INC	phead Gas	or Dry Gas	3535 EAST 30' Address (Give address to				
EL PASO NATURAL GAS CO		·	P.O. BOX 149:				
f well produces oil or liquids, ve location of tanks.	Unit Sec.	Twp. Rge					
this production is commingled with that the COMPLETION DATA	from any other lease or	pool, give commin	gling order number:				
	Oil Well	Gas Well	New Well Workove	r Deepen	Plug Back San	ne Res'v Diff Re	
Designate Type of Completion	Date Compl. Ready to	Drod	Total Depth		P.B.T.D.		
Pate Spudded	Date Compi. Ready to	o riod.	Total Depart		r.b.1.D.		
levations (DF, RKB, RT, GR, etc.)	ations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay	Top Oil/Gas Pay		Tubing Depth	
erforations					Depth Casing S	hoe	
	TUBING,	CASING ANI	CEMENTING REC	ORD			
HOLE SIZE	CASING & TI		DEPTH S		SAC	KS CEMENT	
	ļ						
	 						
. TEST DATA AND REQUES	ST FOR ALLOW	ABLE					
IL WELL (Test must be after re			st be equal to or exceed top			ull 24 hours }	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow	v, pump, gas lýt, e			
ength of Test	Tubing Pressure		Casing Pressure	6 E (Choke Size	E M	
ictual Prod. During Test	Oil - Ubis.		Water - Bbis.	IN E	G.R. MCF	ש	
GAS WELL				na Ju	2 1990		
ictual Prod Test - MCF/D	Length of Test		Bbls. Condensate/MMC	OIL	COMICE	da Vic	
esting Method (puot, buck pr.)	Tubing Pressure (Shu	t·m)	Casing Pressure (Shut-in		Child Inc.		
I. OPERATOR CERTIFIC	ATE OF COME	PLIANCE					
I hereby certify that the rules and regula	ations of the Oil Conser	rvation		ONSERV	ATION DI	VISION	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			JUL 2 1990				
is true and complete to the best of thy t	arowiedke and ucitel.		Date Appro	ved	Λ		
L. H. Shley			By 3.1) ch.				
Signature Doug W. Whaley, Staf	ff Admin, Sup	ervisor Tule		SUPERVIS	OR DISTRIC	T /3	
June 25, 1990	303-	830-4280	Title				

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.