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DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, 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

NOTE OF THE		Santa	Fe, New Mo	exico 87504	-2000					
DISTRICT III OUU Rio Brazos Rd., Aziec, NM 87410										
000 NO DIESE NO., 11200, 1111 O. 110				BLE AND A						
Operation	TO	TRANS	PORT OIL	AND NATI	JHAL GA	Nell A	PL No.		1	
	AMOCO PRODUCTION COMPANY						300450881400			
Address P.O. BOX 800, DENVER, 6	COLORADO 8	80201								
Reason(s) for filing (Check proper box)				Other	(Please explo	in)				
New Well		nge in Tran								
Recompletion [] Change in Operator []	Oil Casinghead Gar	Ll Dry Con	· — •							
f change of operator give name	Casingineau Ga		CENTRAL (A)							
nd address of previous operator										
	SCRIPTION OF WELL AND LEASE Name Well No. Pool Name, Include									
Lease Name JAQUEZ GAS COM B			i Name, Includi LANCO PIC	ng Formation CTURED CL1	FFS (GA		l Lease federal or Fee	Leas	e No.	
Location	000			TOUT		- 0.0		THE		
Unit Letter	990	Fed	From The	FNL Line a		Fee	t From The	FWL	Line	
Section 04 Township	29N	Ran	ge 9W	, NMI	М,	SAN	JUAN		County	
II DECICALATION OF TRANS	CDADTED A	E OU A	NIN NATEL	DAT CAR						
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil		Condensate		Address (Give a	ddress to wh	nich approved	copy of this for	n is to be sent)		
MERIDIAN_OIL_INC						3535 EAST 30TH STREET, FARMING				
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)									
EL PASO NATURAL GAS CO							TX 799	278		
If well produces oil or liquids, ive location of tanks.	Unit Sec.] Twp	p. Rge.	ls gas actually o	connected?	When	?			
f this production is commingled with that f	rom any other lea	se or pool,	give commingl	ing order number	:	!				
V. COMPLETION DATA										
Dusianute Type of Consulation		Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded	Date Compl. Re	adv to Prov	1	Total Depth			P.B.T.D.	I		
Date Comp. Newly to Free.										
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations				l			Depth Casing	Shoe		
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	TUB	ING, CA	SING AND	CEMENTIN	RECOR	D				
HOLE SIZE	r	ING, CA			RECOR	D	SA	CKS CEMEN	IT	
HOLE SIZE	r					D	SA	CKS CEMEN	IT	
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	CASING	& TUBIN	G SIZE			D	SA	CKS CEMEN	T	
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/. TEST DATA AND REQUES OUT OF THE STATE OF	T FOR ALL covery of total w	OWABL	G SIZE	be equal to or ex Producing Meth	EPTH SET	omable for this	depth or be for	full 24 hows		
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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.