Submit 5 Copies
Appropriate District Office
DISTRICT I
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 II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504/2088

OW Rio Brazos Rd., Aziec, NM 87410	REQU	JEST F	OR AL	TO/	NAB	LE AND	AUTHOR	IZA	TION				
TO TRANSPORT OIL A							TURAL G	iAS	; Twen A	Well API No.			
AMOCO PRODUCTION COMPANY								_		3004512052			
Address P.O. BOX 800, DENVER, C	OLOBAI	O 8020) 1										
Reason(s) for Filing (Check proper box)	OLOIGI	30 8020				Ouh	es (l'lease exp	رانماد					
New Well		Change in	-			٠.							
Recompletion	Oil Contactor	L∐ alGas ∐	Dry Ga										
Change in Operator L I change of operator give name	Casingnes	in Case	Conoci	i de									
ad address of previous operator	NDIE									-			
I. DESCRIPTION OF WELL A	Well No. Pool Name, Including			ng Formation Kind of				Lease No.					
HAMNER		6			CT CLIFFS)			FE	FEDERAL SF080				
Unit Letter	:	1190	. Feat Fr	rom Ti	16	FSL Li	e and	18	50 Fe	et From The	FE	Line	
Section 20 Township	29N Range 9W			, NMPM,			SA	SAN JUAN County					
		TR OF O	TI AN	in N	A TT 1	DAT GAS							
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	STOKIN	or Conde	IL AN	רבן ייו עו	K I U	Address (Gi	ne address to	whic	h approved	copy of this f	orm is to be se	ini)	
MERIDIAN OIL INC.				لـــا		3535	3535 EAST 30TH STRE			ET, FARMINGTON, NM 87401			
Name of Authorized Transporter of Casing E.L. PASO NATURAL GAS CO				Gas						pproved copy of this form is to be sent) L. PASO, TX 79978			
If well produces oil or liquids,	Unut	Sec.	Twp	- -	Rge.	is gas actual			When		.22.1		
give location of tanks.		<u> </u>	<u>L</u>			line arter sur			Щ				
If this production is commingled with that f	rom any ot	her lease of	boor' &	ve cor	uan ng	ing order must	iocr	_					
		Oil Wel	1 1	Gas V	/ell	New Well	Workover	Ţ	Deepea	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Conspletion		npl. Ready t	o Prod			Total Depth	<u> </u>			P.B.T.D.	l		
Date Spudded	Date Con	ipi. Komby s	01100.										
Elevations (DF, RKB, RT, GR, etc.)						Top Oil/Gas Pay				Tubing Dep	Tubing Depth Depth Casing Slice		
Perforations						1							
		TURING	CASI	ING	AND	CEMENT	ING RECO)RD)	.!			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					DEPTH SET					SACKS CEMENT		
										 -			
								_					
V. TEST DATA AND REQUES OIL WELL (Test must be after r.	T FOR	ALLOW	ABLE] Lailai		t he equal to t	or exceed too	allox	vable for th	s depth or be	for full 24 ha	urs.)	
OIL WELL (Test must be after r. Date First New Oil Run To Tank	Date of T		e oj 1004	04 0		Producing N	Aethod (Flow,	, pur	φ, gas lýt,	elc.)			
			_			- A	En 1	21	W E	Gine Size	<u> </u>		
Length of Test	Tubing Pressure					Casin Dark CRIV			7 5	1111			
Actual Prod. During Test	Он - Вы	s.		-		Water	FEB2	5	1991,	MCF			
GAC WELL	J					(NI CC			<u>;</u>			
GAS WELL Actual Prod. Test - MCI7D Leagth of Test					Bbls. Cond	ED SUMMING	ST.		Gravity of Condensate				
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			<u> </u>	Choke Size				
W. OPERATOR CERTIFIC	ATE	DE COM	DI IA	NC	F.	-						ON	
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation							OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and consplete to the best of my knowledge and belief.						D-	Date ApprovedFEB 2 5 1991						
is true aim compress to air oct of inj						Da	re wbbro	ve(~/	,	
L. H. Uhley						Ву	By Buil Chang						
Doug W. Whaley, Staf	f Admi	n. Sup	ervis Tale	or		Tit	le		SUPE	RVISOR	DISTRIC	7 40 ————	
February 8, 1991		303	=830=	428 No.	<u> </u>	'"							

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.