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Appropriate District Office
DISTRICT J
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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III		Sai	nta Fe,	New M	exico 8	/504-20	88					
1000 Rio Brazos Rd , Aziec, NM 87410		_		LOWA								
. TO TRANSPORT OIL AND NATURAL C								Well API No.				
AMOCO PRODUCTION COMPA	NY							300	045210130	0 		
P.O. BOX 800, DENVER,	COLORAD	0 8020	1									
Reason(s) for Filing (Check proper box)		^ :	т			Other (Plea	sse expla	in)				
New Well Recompletion	0.1	Change in	Dry Ga	77								
Recompletion	Oil Casinghead			sale X								
If change of operator give name	CashBica	. 04 []	Conocii	- (A)	· —— · · ·		-					
and address of previous operator II. DESCRIPTION OF WELL	AND LEA	SF.										
Lease Name W D HEATH A	Well No. Pool Name, Include			ng Formation TURED CLIFFS (GAS)				Kind of Lease State, Federal or Fee		Lease No.		
Location			AZI	EC FIC	IUKED	CLIFFS	(040	, , ,		_!		
Unit LetterN	1	080	Feet Fre	om The	FSL	Line and _	14	50 Fe	et From The	FWL	Line	
Section 17 Townshi	29N	ſ	Range	9W		, NMPM,		SA	N JUAN		Соилгу	
Section Township	Y		Kanke	· ···-		1 1 1111111111					County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Conden	cate				ss to whi	ch approved	copy of this for	m is to be se		
						Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, CO. 87401						
MERIDIAN OIL INC. Name of Authorized Transporter of Casing	chead Gas	()	or Dry	Gas [X]					copy of this for			
EL PASO NATURAL GAS CO	-			س	1), TX 79			
If well produces oil or liquids,		Sec.	Twp.	Rge.		ually conn						
If this production is commingled with that	from any othe	er lease or	pool, giv	e comming	ing order i	umber:		I				
IV. COMPLETION DATA		Levi Men		3 W. II	1	11/-4		D	Dian Deak 16	'uma Par'u	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	1,	Bas Well	New W	'ell Worl	cover	Deepen	Plug Back S	Tille Ket A	I ME KEEV	
Date Spudded	Date Comp	l. Ready to	Prod.		Total De	pth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations					Top Oil/Gas Pay				Tubing Depth			
									Depth Casing Shoe			
			.									
	7			NG AND	CEMEN			<u> </u>	- ₁	040 0515	ALT	
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
					ļ				ļ			
V. TEST DATA AND REQUES	T FOR A	LLÓWA	BLE		1				J			
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Tes		of load o	oil and must				mable for the np, gas lift, e		full 24 hour	<u>r.)</u>	
tale first new Oil Rull to Talk	Date of tes	4			1 (Cadeling	, meanor (, 10m, pm		, 			
Length of Test	Tubing Pres	Spire			Casing P	ressure	-	W F (Choke Size			
Actual Prod. During Test	Oil - Bbis.				wa D	E 5	B 1	AF	- MCF		····	
	L							, l	ש			
GAS WELL						JUL	5 1	コゴリ				
Actual Prod. Test - MCF/D	Length of T		Bbls. Condentate/MMCN. DIV				Gravity of Condensate					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (SDIST. 3				Choke Size			
	l				\ <u></u>				<u> </u>			
VI. OPERATOR CERTIFIC				ICE		OIL	CON	SERV	ATION D	IVISIC	N ·	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						1						
is true and complete to the best of my l					n	ate App	าเบก	4	JUL	5 1990		
NII.M.					0	ara whi	JI OVEC	•		1		
Signature Signature					B	/		_ 3	ا دین	They	/	
Doug W. Whaley, Sta	ff Admir	n. Supe	ervis Tule	or	_			SU	PERVISOR	DISTRI	CT ∤3	
Printed Name		303-8	330-4	280	1	tle						
Date		Tele	phone N	u.	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.