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

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

02

Section

Length of Test

GAS WELL

Actual Prod. During Test

Actual Prod. Test - MCT/D

Township

29N

## State of New Mexico Energy, Minerals and Natural Resources Department

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

County

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. 300452264300 ANOCO PRODUCTION COMPANY P.O. BOX 800, DENVER, COLORADO 80201 Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Dry Gas Recompletion Oil Change in Operator Casinghead Gas Condensate X If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Lease Name STATE GAS COM L Pool Name, Including Formation
BLANCO MESAVERDE (PRORATED GAState, Federal or Fee Well No. 1A Location 900 1730 **FWL** Feet From The Feet From The Unit Letter

9W

, NMPM

Range

Name of Authorized Transporter of Oil	honzed Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)					
MERIDIAN OIL INC.						3535 EAST 30TH STREET, FARMINGTON, CO. 87401					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X						Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS COMPANY						P.O. BOX 1492, EL PASO, TX 79978					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp. 	Rge.	. Is gas actually connected? Who			a ?			
If this production is commingled with th IV. COMPLETION DATA	at from any o	ther lease o	r pool, giv	ve comming	ing order numb	ber:					
Designate Type of Completion	Oil W		11   (	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					I			Depth Casing Shoe			
		TUBINO	, CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	ASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQU	EST FOR	, ALLOW	ABLE								
OIL WELL (Test must be after	recovery of	total volum	e of load	oil and must	be equal to ar	exceed top allo	wable for th	is depth or be	for full 24 hou	rs}	
te First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Lanuth of Yart	Tuking D				Casing Pressu			Choke Size			

Bbls. Condens OIL CON. DIV. Choke Size Tubine Pressure (Shut-in) feating Method (pitot, back pr.) DIST. 3 VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above JUL is true and complete to the best of my knowledge and belief. Date Approved

Casing Pressure

5 1990

Signature Doug W. Whaley, Staff Admin. Supervisor Printed Name

303-830-4280\_. Telephone No. June 25, 1990

SUPERVISOR DISTRICT 13 By\_ Title \_\_\_

SAN JUAN

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Tubing Pressure

Length of Test

Oil - Bbis.

- 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.