Subnut 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

Santa Fe, New Mexico 87504-2088

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

ISTRICT III DU Rio Brazos Rd., Aziec, NM 87410	REQUES1	FOR AL	LOWAB	LE AND	UTHORIZ	ZATION				
	TOT	RANSPO	ORT OIL	AND NA	TURAL GA	NS Well A	Pl No.			
AMOCO PRODUCTION COMPANY					300450773300					
Address P.O. BOX 800, DENVER,	COLORADO 8	0201								
Reason(s) for Filing (Check proper box)			6	Oth	et (Please expla	zin)				
New Well	Chan Oil	ige in Transpor								
Recompletion  Change in Operator	Casinghead Gas	_	•							
change of operator give name										
I. DESCRIPTION OF WELL	AND LEASE					——————————————————————————————————————			ase No.	
Lease Name SULLIVAN GAS COM D	Well No.   Pool Name, Includin 1   BASIN DAKO						of Lease Federal or Fe		4.5C 110.	
Location	020			ENI	2	450 _		FEL	• • • •	
Unit LetterB	_ :920	Feet Fr		FNL Lin	e and	ro	et From The		Line	
Section 26 Townsh	nip 29N	Range	110	, N	MPM,	SAN	JUAN		County	
II. DESIGNATION OF TRAI	NSPORTER O	F OIL AN	D NATU	RAL GAS				, <u>-</u>		
Name of Authorized Transporter of Oil	or C	and serate		Address (Gir	e address to w					
MERIDIAN OIL INC.					3535 EAST 30TH STREET, FARMINGTON, CO 87401 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casi			(A)	1	OX 1492,					
EL PASO NATURAL GAS (	Unit Sec.	Twp.	Rge.	ls gas actual	y connected?	When	7,	,,,,,		
ive location of tanks.  If this production is commingled with that	from any other les	se or nool pix	ve commine	ling order num	ber:	<u>I</u>				
I this production is commingled with the IV. COMPLETION DATA	any other lea	p.v., gi						-,		
		Well (	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resiv	
Designate Type of Completion  Date Spudded	Date Compl. Re	ady to Prod.		Total Depth	l	<u> </u>	P.B.T.D.	.l		
Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	ing Formation		Top Oil/Gas	Pay		Tubing De	pth		
				I			Depth Case	ng Shoe		
Perforations							<u> </u>			
	TUB	ING, CASI	NG AND	CEMENT	CEMENTING RECORD			0.500 05000		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
				<del></del>						
V. TEST DATA AND REQUI	EST FOR ALL	OWARLE	<del></del>	<u> </u>			L			
OIL WELL (Test must be after	recovery of total v	olume of load	oil and mus	t be equal to a	r exceed top al	lowable for the	s depth or be	for full 24 hor	us.)	
Date First New Oil Run To Tank	Date of Test			Producing N	lethod (Flow, p	nump, gas lýt,	eic.)			
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			IVE		
Actual Prod. During Test	Oil - Bbls.	Oil - libis.			Water - Bbis.				1111	
							JUL :	2 1990	س س	
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	nsale/MMCF	<u> </u>	G	Chudontill		
Amual Flour rest - MCM2		Language of the same						a.DIST. 3		
l'esting Method (pitot, back pr.)	Tubing Pressur	e (Shut-in)		Casing Pres	sure (Shut-in)		UNKNI		<u> </u>	
VI. OPERATOR CERTIFI	CATE OF C	OMPLIA	NCE			NSERV	ΔTION	DIANSI	ON	
I hereby certify that the rules and re-	gulations of the Oil	Conscrvation			OIL CO	NOLIV	JUL	1990°'	<b>~</b>	
Division have been complied with a is true and complete to the best of n	nd that the informat sy knowledge and b	ion give <b>n abo</b> v clief.	r6	Do	a Annrou	ad .	_	1 -		
11.1 100				Dai	e Approv	سنده	4). E	though		
L. H. Whiley					By SUPERVISOR DISTRICT #3					
Doug W. Whaley, St	aff Admin.	Supervi	sor							
Printed Name		Title =303-830	4280	Title	e					
June 25, 1990		Telephone	No.	li						

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.