Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 Buttom of Page

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

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) perator				.Pl No.	o.							
AMOCO PRODUCTION COMP	ANY							300	4507773	00		
P.O. BOX 800, DENVER,	COLORA	DO 8020)1									
Reason(s) for Filing (Check proper box)			.		[] Ouh	et (Pleas	se explai	n)				
New Well	0:1	Change in	Dry	. [-3								
Recompletion []	Oil			densate X								
Change in Operator L Change of operator give name	Camingine											
nd address of previous operator												
I. DESCRIPTION OF WELL	AND LE	ASE										
Lease Name	DAGIN DAG					D A TO E			of Lease Federal or Fe		sase No.	
MADDOX GAS COM C		1_1	D4	ASIN DAK	OTA (PRO	NA LEI	J UKD	7 1				
Location M		875	r.	r 12.	FSL Lin		85	0 6	et From The	FWL	Line	
Unit Letter11	:		_ rea	From The		K BING _						
Section 27 Towns	hip 29)N	Ran	ge 10W	, м	мрм,		SAI	JUAN		County	
II. DESIGNATION OF TRA	NSPORT	ER OF O	IL A	ND NATE	RAL GAS							
Name of Authorized Transporter of Oil	[]	or Conde	nsale		Address (Gi	ve addre	ss to wh	ich approved	copy of this j	form is to be s	enu)	
MEDIDIAN OIL INC.	3535 FAST 30TH STREET, FARMINGTON CO 87401 Address (Give address to which approved copy of this form is to be sens)											
MERIDIAN OIL INC. Name of Authorized Transporter of Cas	inghead Gas		or [Ory Cas X	1						eni)	
EL PASO NATURAL GAS (If well produces oil or liquids, rive location of tanks.	COMPANY-	Sec.	Tw	p. Rge	le gas actual	OX 1- ly conne	4 92, aed?	EL PASO When	7 TX 7	'9978		
f this production is commingled with th	at from any o	ther lease or	pool,	give comming	ling order num	iber:						
V. COMPLETION DATA				-	-							
Designate Type of Completio	n - (X)	Oit Wel	-	Gas Well	New Well	Work	over	Deepen	Plug Flack	Same Res'v	Diff Res'v	
Date Spudded						Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of	Producing F	ormal	ion	Top Oil/Gas	Pay			Tubing Dep			
						Depth Casing Sloce						
Perforations									Depth Casi	ing stoc		
TUBING, CASING AND						CEMENTING RECORD						
HOLE SIZE	С	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
									ļ			
									-			
												
V. TEST DATA AND REQU	EST FOR	ALLOW	ABI	Æ	. _1							
OIL WELL (Test must be afte	r recovery of	total volum	e of lo	ad oil and mu	t be equal to a	r exceed	top allo	mable for th	is depth or be	for full 24 ho	urs)	
Date First New Oil Run To Tank	Date of				Producing N	Aethod (i	Flow, pu	mp, gas lift,	elc.)			
		<u> </u>			Casing Pres	SIIP		f	引车的	15 11 10	7. 7.	
Length of Test	I mping I	Tubing Pressure				in in				EIN		
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				Water - Bbis.				के क्रिकेट	Hi	
					٠				JUL	# 100U		
GAS WELL		F-05			Bbls, Conde		ace—		DIT CO	D MC	V	
Actual Prod. Test - MCF/D	Length o	Length of Test				nsauc/M	MCI.		TO	ST. 4	, *	
eating Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in) Choke Size							
result intented (pilot, oues pr.)			,									
VI OPERATOR CERTIF	CATEC	DF COM	PLI	ANCE			00:	IOED:	ATION!	DIVACU	7N I	
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						in 2 1990						
is true and complete to the best of n	iy knowledge	and belief.			Dat	е Арр	orove	<u>d JU</u>	<u>l. ~ 13</u>			
NIIII									1	/		
Stonature						By But Chang						
Doug W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT #3						
Printed Name		202	Tit - 831	le 0-4280	Title	9						
June 25, 1990				ne No.								

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.