Submit 5 Copies
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

## OIL CONSERVATION DIVISION

P.O. Drawer DD, Anesia, NM 88210		P.O. B	30x 2088		1		
DISTRICT III	Santa Fe	, New M	1exico 87504-2088	i	*		
1000 Rio Brazos Rd., Aziec, Ntd. 8741	REQUEST FOR A	LOWA	RIE AND AUTUC	ADIZATIO:	NI.		
I.			IL AND NATURAL		N		
Operator		<u> </u>	E / III O I I/L		ell API No.		
AMOCO PRODUCTION COM	PANY			3	300450791100		
Address P. O. BOY SOO DENGED	COLORADO DODO:						
P.O. BOX 800, DENVER							
Reason(s) for Filing (Check preper box New Well		orter of:	Other (Please	explain)			
Recompletion	Change in Transpo						
Change in Operator	Casinghead Gas Conde						
If change of operator give name							
and address of previous operator							
II. DESCRIPTION OF WEL							
GERK GAS COM	Wett No.   Poot N				nd of Lease	Lease No.	
Location	1 DEF	MCO HE	ESAVERDE (PRORA	TIED CAS	ae, receial of ree		
R	990		FNL	1650		FEL .	
Unit LetterB	: Feet Fr	rom The	Line and		Feet From The	Line Line	
Section 30 Town	hip 29N Range	9W	_ , NMPM,	S	AN JUAN	Country	
						County	
III. DESIGNATION OF TRA	NSPORTER OF OIL AN	D NATU					
Name of Authorized Transporter of Oil	or Condensate	[X]	Address (Give address )	o which approv	ved copy of this form i	s to be seru)	
MERIDIAN OIL INC. Name of Authorized Transporter of Cas	inghead Cas Con or Day	C [V]	Address (Give address )	TH STREE	T, FARMINGTO	N, CO 87401	
	-	Gas [X]	į.				
-EL-PASO-NATURAL-GAS- If well produces oil or liquids,	Unit Soc. Twp.	Rve.	le gae actually connected	2, EL PA	SO, TX 7997	48	
give location of tanks.	i i i'	i		""			
If this production is commingled with the	it from any other lease or pool, giv	e comming	ling order number:				
IV. COMPLETION DATA							
Ducianata Tuna of Con. Luio	Oil Well C	Jas Well	New Well   Workove	T Deepen	Plug Back   Same	e Res'v Diff Res'v	
Designate Type of Completion			<u> </u>		l,l		
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, e.c.) Name of Producing For			Top Oil/Gas Pay		Tubing Depth		
Elevations (DI , RAD, AI, OA, & C.)	Name of Producing Formation		Top Olivous ( a)				
Perforations			-L		Depth Casing Sho	Depth Casing Shoe	
						-	
	TUBING, CASIN	IG AND	CEMENTING REC	ORD	·!		
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACK	SACKS CEMENT	
					_		
V. TEST DATA AND REQUI	ST FOR ALLOWARIE		L				
	recovery of total volume of load o	il and must	be equal to or exceed ton	allowable for t	his death or he for ful	124 hours I	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, gas lift, etc.)			114 1100011)	
		ı				•	
Length of Test	Tubing Pressure		Casing Pressure	<b>(75)</b>	BOOK SHE B B	r c	
August D. J. D. C.			ֿ וָטי		TOBI		
Actual Prod. During Test	Oit - Libis.		Water - Bbls.	<i>II</i> 1:	Gas- MCF	נעו	
	<u> </u>	l			JUL 2 199	0	
GAS WELL				_			
Actual Prod. Test - MCI/D	Length of Test		Bbls. Condensate/MMCF		tt-CON:~E	HV.T	
STATE WINDOWS TANKED	Transfer parameter version as		CONTRACTOR OF THE		DIST. 3		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
AT OBED ATOD CEDITIEN	TATE OF COMPLIAN		 		<u> </u>		
VI. OPERATOR CERTIFIC		CE		NSERV	ATION DIV	ISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above			OIL CONSERVATION DIVISION				
is true and complete to the best of my		ļ	Date Approv	III. bo	2 <b>19</b> 90		
1/1/1/00		ļ	Date Approv	100 <u>000</u>		<del></del>	
W. H. Uhly			1 D 1				
Signature Doug W. Whaley, Sta	ff Admin. Superviso	\r	Ву	<u>,</u>	Long		
Printed Name	Title	· · · · ·	Titto S	บะอัสพรเ	OR DISTRICT	#3	
June 25, 1990	303-830-42	280	Title				
Date	Telephone Mo		L k				

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.