Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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

PO 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 Well API No. Operator 300450796300 AMOCO PRODUCTION COMPANY Address P.O. BOX 800, DENVER, COLORADO 80201 Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of:

Dry Gas New Well Recompletion Oil Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Pool Name, Including Formation
BASIN DAKOTA (PRORATED GAS) Lease Name SAN JUAN GRAVEL A State, Federal or Fee Location Feet From The Feet From The Unit Letter SAN JUAN 21 County Township Range NMPM III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate 3535 FAST 30TH STREET, FARMINGTON, NN 87401 Address (Give address to which approved copy of this form is to be sent) MERIDIAN OIL INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas [PASO TX 79978 When 7 EL PASO NATURAL GAS COMPANY P.O. BOX 1492. le gas actually connected? Twp. Rgc. Unit If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen | Plug Back | Same Res'v | Diff Res'v Gas Well New Well | Workover Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded Top Oil/Gas Pay Name of Producing Formation Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD G CEMENT CASING & TUBING SIZE HOLE SIZE AUG 2 3 1990 OIL COM. DIV. V. TEST DATA AND REQUEST FOR ALLOWABLE russ be equal to or exceed top allowable to the defah or be for full 24 hours.) (Test must be after recovery of total volume of load oil and m OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Rua To Tank Date of Test Choke Size Length of Test Tubing Pressure Casing Pressure Gas- MCF Water - Bbls Actual Prod. During Test **GAS WELL** Bbis. Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D League of Test Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) l'esting Method (pitot, back pr.) 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 AUG 23 1990 is true and complete to the best of my knowledge and belief. Date Approved 3~1) Q Ву Signature Doug W. Whaley SUPERVISOR DISTRICT #3 Supervisor Title Printed Name Title. 303-830-4280 Telephone No. July 5.

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.