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Appropriate District Office
DISTRICT
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 DISTRICT III
1000 Rio Brazos Rd., Azicc, NM 87410

I.	REQ			_	_		AUTHORI TURAL G	_	N				
Operator							. or inc a	Well API No.					
AMOCO PRODUCTION COMP									300	4507996	00		
P.O. BOX 800, DENVER		DO 8020	)1	<del></del>			(D)	r-i-)					
Reason(s) for Filing (Check proper box) New Well	l	Change in	Trans	porter of	:_	[] 0	ier (l'Iease exp	шт					
Recompletion	Oil		Dry (										
Change in Operator 1_1 If change of operator give name	Casinghe	ad Gas	Cond	len <b>sate</b>	IΔI								
and address of previous operator													
II. DESCRIPTION OF WELI Lease Name	, AND LE	Well No.   Pool Name, Include				ing Formation K			ind c	d Lease		.ease No.	
GARCIA GAS COM B		1 1			OTA (PRORATED GAS) S			lale,	Federal or Fe	c			
Location Unit Letter		1805	E.u.	Enom Th	_	FSL Lir		350	£7.	E 7b.	FEL	Line	
	. 20	: Feet From The		 LOW	,				et From The				
Section 21 Towns	hip 23		Rang	<u> </u>	IUW	. <u></u>	мрм,		DAN	JUAN		County	
III. DESIGNATION OF TRA	RAL GAS  Address (Give address to which approved copy of this form is to be sent)												
·												•	
MERIDIAN OIL ING. Name of Authorized Transporter of Casinghead Gas or Dry Gas [X						Addiese (Give address to which approved copy of this form is to be sent)						eni)	
-EI-PASO-NATURAL-GAS-( If well produces oil or liquids, give location of tanks.	COMPANY— Unit	Sec.	Twp.		Rge.	P.O. I	OX 1492; ly coanected?	- <del>12</del> -1 V I	ASC Vhen	7 TX 7	9978		
If this production is commingled with the IV. COMPLETION DATA	t from any ot	her lease or	pool, g	give com	mingl	ling order num	ber:						
Designate Type of Completion	ı - (X)	Oil Well		Gas We	11	New Well	Workover	Deep	CD	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Rea			to Prod.			Total Depth				P.B.T.D.	J	_1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth			
Perforations										Depth Casing Shoe			
HOLE SIZE	TUBING, CASING A HOLE SIZE CASING & TUBING SIZE				ND	D CEMENTING RECORD  DEPTH SET				SACKS CEMENT			
Tion one		CASING & TOBING SIZE				DE, 111 DE 1				Onono dement			
		<del>-</del>											
V. TEST DATA AND REQUE OIL WELL — (Test must be after					, must	be equal to or	exceed ion all	annible for	r this	depth or he	for full 24 hou	ue l	
L WELL (Test must be after recovery of total volume of load oil and must te First New Oil Run To Tank Date of Test						Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pro	Tubing Pressure				Casing Pressure				Choke Size			
										E.1.	MEM	\	
Actual Prod. During Test Oil - Bbls.						Water - Bbis.			E	A. D. C.			
GAS WELL						l		M	11	11 21	990		
ctual Prod. Test - MCF/D Length of Yest						Bbls. Condensate/MMCF				Gravity of Condensate			
feating Method (pitot, back pr.)	Tubing Pro	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			)/L	CO14. 3			
VI. OPERATOR CERTIFIC	CATE OF	COMP	LIA	NCE		<u>                                     </u>				<u></u>			
I 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 is true and complete to the best of my knowledge and belief.						Data Approved JUL 2 1990							
N1/10.						Date Approved							
Signature						By Buch) Chang							
Doug W. Whaley, Staff Admin. Supervisor Printed Name Title						SUPERVISOR DISTRICT #3							
June 25, 1990 303-830-4280						Title							

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.