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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 DISTRICT II P.O. Drawer DD, Anesia, NM 88210 P.O. 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. AMOCO PRODUCTION COMPANY 300451217200 P.O. BOX 800, DENVER, COLORADO 80201 Reason(s) for I-iling (Check proper box) Other (Please explain) New Well Change in Transporter of Dry Gas Recompletion Change in Operator Casinghead Gas Condensate X If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation
BASIN DAKOTA (PRORATED GAS) Kind of Lease Lease No. MARTINEZ GAS COM G State, Federal or Fee Location 1190 Unit Letter Feet From The Feet From The 24 Township 29N 10W SAN JUAN Section , NMPM, County HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) MERIDIAN OIL INC. 3535 EAST 30TH STREET, FARMINGTON, CO. 87401 Name of Authorized Transporter of Casinghead Gas or Dry Gas [X] Address (Give address to which approved copy of this form is to be sent) EL PASO NATURAL GAS COMPANY P.O. BOX 1492, EL PASO, TX 79978 If well produces oil or liquids, Twp. Unit I S∞c. Rge. is gas actually connected? When? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well | Gas Well New Well | Workover Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay lubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE **CASING & TUBING SIZE** DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Fest must be after recovery of total volume of load oil and n ust be equal to or exceed top allowable for this depth or be for full 24 hours) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Length of Test Casing Pressure Choke Size Tubing Pressure Actual Prod. During Test 6- MCF Oil - Bbls. **GAS WELL** Bbls. Condem LU MMC 5 1990 Actual Prod. Test - MCF/D Length of Test Gravity of Condensate Caing QU. CON. DIV lesting Method (pitot, back pr.) Tubing Pressure (Shut-in) DIST. 3 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 is true and complete to the best of my knowledge and belief. JUL 5 1990 Date Approved .

Signature Doug W. Whaley, Staff Admin. Supervisor Printed Name Tatle

303-830-4280___ Telephone No. June 25, 1990

SUPERVISOR DISTRICT #4 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.