Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, 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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DI 10

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST F	OR ALLOWAB	LE AND AUTHO	PIZATION	•	
l	TOTRA	ANSPORT OIL	AND NATURAL			
Operator AMOCO PRODUCTION COMPANY				Weii API No. 300452227800		
P.O. BOX 800, DENVER,	COLORADO 8020	01				
Reason(s) for Filing (Check proper box)			Other (Please	explain)	. ,	
New Well		Transporter of:				
Recompletion L.J		Dry Gas L				
Change in Operator	Casinghead Gas	Condensate				
and address of previous operator						
II. DESCRIPTION OF WELL	AND LEASE Well No.	Pool Name, Includi	ne Formation	Kind	of Lease	Lease No.
FLORANCE	37A	BLANCO MES	AVERDE (PRORA			<u> </u>
Location	1460 /	7 <i>80</i> Feet From The	FSL Line and	1 100 -149	5 The The	FEL Line
Unit Letter	_ : 30N	8W			JUAN	
Section Townshi	Р	Range	, NMPM,			County
III. DESIGNATION OF TRAN	ISPORTER OF O		RAL GAS	to which approved	copy of this form	is to be sent)
Name of Authorized Transporter of Oil MERIDIAN OIL INC.	•	Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casing	3535 EAST 30TH STREET, FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sent)					
SUNTERRA GAS GATHERING		or Dry Gas [P.O. BOX 189	9 BLOOMET	ELD, NM	87413
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connect	ed? Whea	?	
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give comming	ling order number:			
	(Oil Wel	I Gas Well	New Well Worko	ver Deepen	Plug Back Sa	me Res'v Diff Res'v
Designate Type of Completion Date Spudded	Date Compl. Ready t	o Prod.	Total Depth		P.B.T.D.	
Date Spaces						
Elevations (DF, RKB, RF, GR, etc.)	Name of Producing F	Connation	Top Oil/Gas Pay		Tubing Depth	
Perforations	<u></u>				Depth Casing	Shoc
	TUBING	, CASING AND	CEMENTING RE	CORD	- 60 K	<u>n</u>
HOLE SIZE	CASING & T	UBING SIZE	DEPTH	The Ita	FIAR	CKS CEMENT
	ļ			10) E B	*	1,,
				tillc	3 1990	
				AUU	וח י	N/
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE .		Oil (OM: D/	
		e of load oil and mus	be equal to or exceed to Producing Method (FI	op allowable for the	is depth or be for	Juli 24 hours)
Date First New Oil Run To Tank	Date of Test		Producing Medica (Pr	ow, purity, gas igi,	en.y	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF	
GAS WELL	<u> </u>		-t			
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Festing Method (pitot, back pr.)	Tubing Pressure (Sh	ut-in)	Casing Pressure (Shut-in)		Choke Size	
VI. OPERATOR CERTIFIC			01.0	ONCEDIA	ATION	IVISION
I hereby certify that the rules and regu	II OIL C	OIL CONSERVATION DIVISION				
Division have been complied with and is true and complete to the best of my	D-1-4	الم مديدة	AUG 23	1990		
is not and complete to the test of my			Date App	roved		1 .
L. H. Whley	Ву	By Bul) Chang				
Signature Doug W. Whaley, Staff Admin, Supervisor Printed Name Title			SUPERVISOR DISTRICT #3			
July 5, 1990		-830-4280	I RIO			
Date	,,		!!			

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.