District J. Copies
Appropriate District Office
DISTRICT I
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 Buttom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 300452256700 AMOCO PRODUCTION COMPANY Address P.O. BOX 800, DENVER, COLORADO 80201 Other (Please explain) Reason(s) for Filing (Check proper box) nge in Transporter of:
Dry Gas New Well Oil Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. kind of Lease Pool Name, Including Formation Well No. BLANCO MESAVERDE (PRORATED GASSiate, Federal or Fee Lease Name ARCHULETA Location 1640 2134 _ Feet From The Line and Feet From The Unit Letter SAN JUAN 19 30N 8W NMPM, Township III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil 3535 EAST 30TH STREET FARMINGTON NM 87401 Address (Give address to which approved copy of this form is to be feet) MERIDIAN OIL INC. or Dry Gas Name of Authorized Transporter of Casinghead Gas co SUNTERRA GAS GATHERING Soc. Rue. Twp. If well produces oil or liquids, give lucation 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 Oil Well Gas Well New Well Workover Designate Type of Congletion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil an OIL WELL Producing Method (Flow, pu Date of Test Date First New Oil Run To Tank RUG 2 8 1990 Casing Pressure Tubing Pressure Length of Test Water - Bbis. Oil - Ubls. Actual Prod. During Test **GAS WELL** Gravity of Condensate Bbls. Condensate/MMCF Leagth of Test Actual Prod. Test - MCT/D Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing 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 2 3 1990 is true and complete to the best of my knowledge and belief. Date Approved By_ SUPERVISOR DISTRICT #3 Signature W. Whaley, Supervisor

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Printed Name July 5, 1990 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

303-830-4280 Telephone No.

- 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.