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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe. New Mexico 87504-2088

D1:

DISTRICT III 1000 Rio Brazos Rd., Aziec NM 87410	REQUEST	FOR ALLOWAR	BLE AND AUTHO	ORIZATION			
I.	·		AND NATURAL				
Operator AMOCO PRODUCTION COMPANY					Well API No. 300452349300		
Address P.O. BOX 800, DENVER,	COLORADO 80	201	<u> </u>		- 41.77	······································	
Reason(s) for Filing (Check proper box)			Other (Please	explain)			
New Well		in Transporter of:					
Recompletion		Dry Gas 📙					
Change in Operator	Casinghead Gas	Condensate					
If change of operator give name and address of previous operator							
II. DESCRIPTION OF WELL		<u>- r</u> -					
Lease Name HELEN JACKSON	Well N 1A		ng Formation AVERDE (PRORA		of Lease Federal or Fee	Lease No.	
Location 0	800		ret	1670			
Unit Letter	- :	Feet From The	FSL Line and		et From The	FEL Line	
Section 3 4 Townshi	29N	Range 9W	, NMPM,	SAN	JUAN	County	
III. DESIGNATION OF TRAN		··—					
Name of Authorized Transporter of Oil or Condensate			Addicess (Give address to which approved copy of this form is to be sent)				
MERIDIAN OII, INC.	RIDIAN OIL INC. 10 of Authorized Transporter of Casinghead Gas or Dry Gas			3535 EAST 30TH STREET FARMINGTON NM 87401			
SUNTERRA GAS GATHERING							
If well produces oil or liquids, give location of tanks.	Unit Soc.	Twp. Rgc.	P.O. BOX 189 Is gas actually connecte	id) When	LD, NH 8	7413	
If this production is commit gled with that IV. COMPLETION DATA	from any other lease	or pool, give commingl	ing order number:				
Designate Type of Completion	- (X)	eil Gas Well	New Well Workov	er Deepen	Plug Back San	ne Res'v Diff Res'v	
Date Spudded	Date Compl. Read	y to Prod.	Total Depth	<u></u>	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay Tubing Depth			
Perforations					Depth Casing Shoe		
	TUDIN	C CASING AND	CEMENITING DEC		OF N TO RE	(A)	
HOLE SIZE	TUBING, CASING AND C		DEPTH	3 11)) L U	E W SKC	KSICEMENT	
HOLE SIZE	CASING & TODING SIZE		11//				
				AUG	2 3 1990		
				OILC	ON. DIV		
V. TEST DATA AND REQUES OIL WELL (Test must be after re			be equal to or exceed to	o allowable for thu	IST. 3 depth or be for fi	ull 24 hours.)	
Dute First New Oil Rua To Tank			Producing Method (Flow, pump, gas tift, et				
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbla.		Water - Bbls.		Gas- MCF		
GAS WELL			·		real and the second second		
Actual Prod. Test - MCT/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate		
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
MI ODER ATOR GERTIES	ATE OF COL	ADI LANCE	ļ		L		
VI. OPERATOR CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION				
I hereby certify that the rules and regular Division have been complied with and							
is true and complete to the best of my knowledge and belief.			AUG 2 . 1990				
11,1 101			Date Approved				
L.H. Whley	By	Du But Shand					
Signature Doug W. Whaley, Staff	By	SUPERVISOR DISTRICT /3					
Printed Name July 5, 1990 303-830-4280			Title			101 73	
Date:		clephone No.					

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

- 1) Request for all owable 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.