Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. fox 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Furm 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 III 1000 Rio Braus Rd., Aziec, NM 87410

DISTRICI II P.O Drawer DD, Anesia, NM 88210

NO RIO BILLES RE., MACC, THE STATE					LE AND A	AUTHORII FURAL G					
ANOCO PRODUCTION COMPANY						Well API No. 300452385700					
P.O. BOX 800, DENVER,	COI.ORA	DO 8020	)1								
Reason(s) for filing (Check proper box)					Oth	cs (l'lease expl	lain)				
lew Well		Change in		(							
leccompletion [	Oil	_	Dry C								
Thange in Operator []	Casingho	ad Gas	Conde	ensale X							
change of operator give name address of previous operator											
I. DESCRIPTION OF WELL AND LEASE Lease Name   Well No.   Pool Name, Includ					ng Formation			d of Lease		Lease No.	
BLACK GAS COM 1E BA			BASIN DAKOTA (PRORATED GAS)				State, Federal or Fee				
LOCATION G Unit LetterG	_ :	1525	Feet l	From The	FNL Lin	e and1	520	Feet From The	FEL	Line	
Section 29 Townshi	p 29	N	Rang	e 10W	, N	мем,	S	AN JUAN		County	
		50 OU O	••••	NIN NIATU	DAL CAC						
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORT	or Conde		IX)	Address (Gir	e address to w	vhich appro	red copy of this	lurm is to be si	tni)	
MERIDIAN-OIL INC					3535 EAST 30TH STREET, FARMINGTON, CO -87401 Address (Give address to which approved copy of this form is to be sens)						
EL PASO -NATURAL GAS - CO If well produces oil or liquids, give location of tanks.	MPANY   Unit			Rge.	P.O. BOX 1492, ELlis gas actually connected?			PASO TX 79978   When 7			
f this production is commingled with that V. COMPLETION DATA	from any o	ther lease or	pool, g	give comming	ling order num	ber:					
Designate Type of Completion	- (X)	Oil Wel	1	Gas Weil	New Well	Workover	Deepe	n   Plug Back	Same Res'v	Diff Res'v	
te Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
Elevations (DF, RKB, RF, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing De	Tubing Depth		
Perforations					1	<del>-</del>		Depth Casi	ng Shoe		
		TURING	CAS	SING AND	CEMENT	NG RECO	RD				
UOI E SIVE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
HOLE SIZE											
	<del> </del>				<u> </u>						
					-						
V. TEST DATA AND REQUE	CT COD	ALLOSS	ARI	F	_l						
Y, TEST DATA AND REQUE	SIFUN	ALLUII	പ്ര	utoitandenus	the equal to a	r exceed ton a	llowable for	this depth or be	for full 24 ho	ws)	
OIL WELL (lest must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test					Producing N	Nethod (Flow,	pwnp, gas i	ft, etc.)	-1 <del>1</del>		
Length of Test	Tubing Pressure				Casing Pressure			Choke Saz		(B)	
Actual Prod. During Test	Oil - Bbls.				Water - Bbis D			2.5.2	1 4 5		
GAS WELL								JUL 5	1990		
Actual Prod. Test - MCF/D	Leagth	of fest			Bbls. Conde	nsuc/MMCF		OIL CO	VICTOR	•	
										• ;	
Testing Method (p.tot, back pr.)	Tubing Pressure (Slut-in)				Casing Pres	sure (Shut-in)		o DIST	. 3		
VI. OPERATOR CERTIFIC	CATE C	OF COM	PLIA	ANCE			MICE	VATION	וחואופוי	ON.	
I hereby certify that the rules and regu	lations of t	he Oil Cons	ervatio	Ω		OIL CO	ハハンド	IVALION	וכועוטו	O14	
Division have been complied with and	d that the ir	iformation g	iven ab	NOVE .	11			*114	5 1990		
is true and complete to the best of my	knowledge	e and belief.			Dat	e Approv	ved	<u>JUL</u>			
D.H. Shler						• •	~		Jan /	•	
Signature		. \ .			By.		A				
House W. Whaley, Sta	iff Adı		Tal	c	Title	e	SU	PERVISOR	DISTRIC	T #3	
June 25, 1990			=830 dephor	1=4280 ne No	II						

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 oct 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.