## Subnut 5 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 Bottom of Page

## OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Ariesia, NM 88210	Sar		lox 2088 1exico 87504-	2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FO				'ATION				
í <b>.</b>	TOTRA	NSPORT OF	L AND NATU	BAL GA	S				
Operator					Well A				
ANOCO PRODUCTION COMPA	NY				3004	452400300			
Address P.O. BOX 800, DENVER,	COLORADO 8020	01							
Reason(s) for Filing (Check proper box)			Other (	Please expla	in)				
New Well Recompletion		Transporter of: Dry Gas							
Recompletion	Oil  Casinghead Gas	Dij 040							
Change in Operator give name	Campines on [								
and address of previous operator  II. DESCRIPTION OF WELL	AND LEASE							<del></del>	
Lease Name MASDEN GAS COM	Well No. 1E	Pool Name, Inclu BASIN DAI	ding Formation KOTA (PRORA	TED GAS		Lease Federal or Fee	الم	ase No.	
Location D	1170	Feet From The _	FNL Line as	nd1	90 Fo	t From The	FWL	Line	
Section 28 Townsh	ip 29N	Range 115	, NMP	'М,	SAN	JUAN		County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NAT	URAL GAS				-,,		
Name of Authorized Transporter of Oil	or Conden		Address (Give a						
MERIDIAN OIL INC.		5 C - FT	3535 EAS	T 30TH	STREET,	FARMINGS copy of this form	CON, CO	87401	
Name of Authorized Transporter of Casir		or Dry Gas X	· 1					-,	
EL PASO NATURAL GAS C	OMPANY Sec.	Twp. Rg			EL PASU	TX 799	1/0		
If well produces oil or liquids, give location of tanks.	John Joe.				i				
f this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give commir	ngling order number	:					
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back   Sa	ame Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth		<u> </u>	P.B.T.D.		-	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay	Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing	Shoe		
	TURING	CASING AN	D CEMENTING	G RECOR	D	!			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			CEMENTING RECORD  DEPTH SET			SACKS CEMENT		
HOLE SIZE	GASING & IV	55.10 0.22							
			_			ļ			
V. TEST DATA AND REQUE	CT FOR ALLOW	ARLE		<del></del>		J			
OIL WELL (Test must be after	recovery of total volume	of load oil and m	ust be equal to or ex	rceed top allo	omable for the	depth or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test	7	Producing Med	nud (Flow, pu	ump, gas lýl, e	ic.)			
Length of Test	Tubing Pressure		Casing Pressure	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		NE	P-24	E		
CACAVOLI					JU	L 5 1000	שו	J	
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensa	ILC/MMCF	<u> </u>	L 5 1990	ndensale		
7100ml   1000   1000   11001/10			DIL C			ON. DIV			
Festing Method (pitot, back pr.)	Tubing Pressure (Shu	Casing Pressure	Casing Pressure (Shul-in)			- • •			
VI. OPERATOR CERTIFIC  Thereby certify that the rules and reg	CATE OF COMI	PLIANCE	0	IL CON	NSERV	ATION D	IVISIO	NC	
Division have been complied with an	d that the information giv	ven above					F 4000	,	
is true and complete to the best of my	knowledge and belief.		Date	Approve	ed		<u>5 1990</u>	)	
D.H. Aller				FI		الس	$\mathcal{A}$	/	
Signature	CC A 1 : C		Ву	·-····				·	
Printed Name '	aff Admin. Sup	Title	Title_		SU	PERVISOR	CISTR	iCT #3	
June 25, 1990	303-	-830-4280 Icphone No.	-						

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
- 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.