Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

DISTRICT II P.O. Drawer DD, Ariesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

OO) Rio Braws Rd., Aziec, NM 87-	HEQUE					AUTHORI TURAL G						
Operator AMOCO PRODUCTION CO	Well API No. 300452408100											
Address P.O. BOX 800, DENVE	R, COLORADO	80201										
Reason(s) for faling (Check proper b New Well Secompletion Change in Operator	OI)	nange in Tra	-		Out	et (Please exp	lain)					
f change of operator give name and address of previous operator												
II. DESCRIPTION OF WE						,		12:3	<u> </u>		ease No.	
Lease Name SKELLY GAS COM			Pool Name, Includin BASIN DAKO		OTA (PRORATED GAS)			Kind of Lease State, Federal or Fee		5	DEAC NO.	
Location 0 Unit Letter	:	80 Fe	et From	The	FSL Lin	e and	83	0 Fe	et From The	FEL	Line	
Section 32 To	wnship 29N	R:	inge	10W	, N	мрм,		SAN	JUAN		County	
III. DESIGNATION OF TINAME OF Authorized Transporter of MERIDIAN OIL INC. Name of Authorized Transporter of the EL PASO NATURAL GAS If well produces oil or liquids, give location of tanks.	Oil OI Casinghead Gas COMPANY	PANY			Address (Give address to which approved 3535 EAST 30TH STREET, Address (Give address to which approved P.O. BOX 1492, EL PASO				FARMINGTON, CO. 87401 copy of this form is to be sent) , TX. 79978			
If this production is commingled with	that from any other	lease or poo	d, give co	ommingl	ing order num	ber:		l				
V. COMPLETION DATA	<u> </u>	Oil Well	,	Well		Workover	<u> </u>	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Comple Date Spudded	Date Compl.	Ready to Pr	 od.		Total Depth	l			P.B.T.D.	<u> </u>	<u> </u>	
·					Top Oil/Gas Pay				Tubing Dep			
									Depth Casing Shoe			
Perforations									Deput Cash	ing since		
					CEMENTING RECORD DEPTH SET				SACKS CEMENT			
HOLE SIZE	CASI	CASING & TUBING SIZE				DET ITT DE 1						
									ļ			
			,		ļ				ļ			
V. TEST DATA AND REQ	UEST FOR AL	LOWAB	LE			4.		11.6.4		for full 2d have	er l	
() IL WELL (Test must be a Date First New Oil Run To Tank	Date of Test	volume of	load oil a	and musi	Producing N	ethod (Flow,	nmi	o, gas lýt, e	ic.)	<i>jor juii 24 noi</i>		
					C D				P.1.14.	e m		
Length of Test	Tubing Press	Tubing Pressure			Casing Pressure . DE 6				S.I.A.			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbis.			5 1990				
GAS WELL	<u> </u>							W C	ON_D	IV.		
Actual Prod. Test - MCF/D	Length of Te	ч			Bbis. Conde	nыc/MMCF	C	VIE C	151: 3 -	Condensale	_	
Testing Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)						
VI. OPERATOR CERT! I hereby certify that the rules and Division have been complied wit is true and complete to the best of th	regulations of the Or h and that the inform of my knowledge and	d Conservat ation given belief.	ion above	·	:	a Approv		3.	<u> الا</u>	DIVISIO 5 1990	/	
Doug W. Whaley, Printed Name June 25, 1990 Date	Staff Admin	T _303=83	itle		Title)		SUPI	RVISOR	DISTRIC	Τ #3	

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.