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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2083

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

| | | |
|--|--|-----------------------------------|
| Operator AMOCO PRODUCTION COMPANY | | Well API No. 3004524444 |
| Address P.O. BOX 800, DENVER, COLORADO 80201 | | |
| Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> | | |
| If change of operator give name and address of previous operator | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------------|---|-----------------------------|-------------------------|
| Lease Name PAYNE A | Well No. 1E | Pool Name, Including Formation OTERO (CHARCA) | Kind of Lease FEE | Lease No. FEE |
| Location Unit Letter N : 530 Feet From The FSL Line and 2080 Feet From The FWL Line Section 19 Township 29N Range 10W , NMPM , SAN JUAN County | | | | |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | | | |
|--|--|--|------|------|----------------------------|-------|
| Name of Authorized Transporter of Oil MERIDIAN OIL, INC. | or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, NM 87401 | | | | |
| Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS COMPANY | or Dry Gas <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978 | | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Soc. | Twp. | Rge. | Is gas actually connected? | When? |

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

| | | | | | | | | |
|------------------------------------|-----------------------------|----------|-----------------|----------|--------|-------------------|-----------|-----------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resv | Diff Resv |
| Date Spudded | Date Compl. Ready to Prod. | | Total Depth | | | P.B.T.D. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | Top Oil/Gas Pay | | | Tubing Depth | | |
| Perforations | | | | | | Depth Casing Shoe | | |

TUBING, CASING AND CEMENTING RECORD

| | | | |
|-----------|----------------------|-----------|--------------|
| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
| | | | |
| | | | |
| | | | |

V. TEST DATA AND REQUEST FOR ALLOWABLE

| | | | |
|--|-----------------|---|--|
| OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) | | Producing Method (Flow, pump, gas lift, etc.) | |
| Date First New Oil Run To Tank | Date of Test | | |
| Length of Test | Tubing Pressure | Casing Pressure | |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | |
| | | FEB 25 1991 | |

GAS WELL

| | | | |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D | Length of Test | Bbls. Condensate/MCF | Gravity of Condensate |
| Testing Method (prior, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature
Doug W. Whaley, Staff Admin. Supervisor

Printed Name
February 8, 1991

Date

303-830-4280
Telephone No.

OIL CONSERVATION DIVISION

FEB 25 1991

Date Approved

By

SUPERVISOR DISTRICT 13

Title

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.