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DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Legy, Minerals and Natural Resources Departme Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	HEUU	TO TOA	NSP!	ORT OIL	AND NAT	URAL GA	S				
TO TRANSPORT OIL AN						Well API No.					
AMOCO PRODUCTION COMPANY							300	4524446			
dress 2.0. BOX 800, DENVER,	COT.ORAI	00 8020	1								
ason(s) for Filing (Check proper box)	0010141				Other	(l'lease explai	n)			ļ	
ew Well		Change in	Transpo Dry G		/ =						
ecompletion \square	Oil Casinghe		Condc								
hange in Operator Linange of operator give name	Camigne										
address of previous operator											
I. DESCRIPTION OF WELL AND LEASE Well No. Poc				iame. Includir	e Formation	Formation		Kind of Lease		Lease No.	
SULLIVAN BRUCE COM B		1 Otero			/Chacra	a 	FEE	FEE		FEE	
ocation C		530	F T	inna Tha	FNL Line	and1	990F	t From The _	FWL	Line	
Unit Letter	_ :	 9 N		rom The 11W			SAN	JUAN		County	
Section Townshi	p		Range		, NN	ирм,					
I. DESIGNATION OF TRAN	SPORT	ER OF O	IL A	ND NATU	RAL GAS	e address to wh	ich approved	copy of this fe	um is to be set	u)	
Name of Authorized Transporter of Oil MERIDIAN OIL INC.		or Conde	nsale		Lymness (Cox						
		nead Gas or Dry Gas			3535 EAST 30TH STREET, FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casin EL PASO NATURAL GAS C	OMPANY	MPANY 4/2433			P.O. BOX 1492, EL PASO, TX 79978						
(well produces oil or liquids,	Unit	Soc.	Twp.	Rge.	is gas actuali	y connected?	When	7			
ve location of Lanks. This production is commingled with that	from any o	ther lease of	pool, s	zive comming	ling order num	ber:					
V. COMPLETION DATA						,		De la Parek	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil We	11	Gas Well	New Well	Workover	Deepen	Plug Back	Same Kee v	<u> </u>	
Date Spudded	Date Co	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
						Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Depth Casing Slice			
Perforations								Depth Cass	ng 2110c	•	
				CINC AND	CEMENT	ING RECO	RD				
	TUBING, CASING AND CASING & TUBING SIZE				CLIVILIA	DEPTH SET			SACKS CEMENT		
HOLE SIZE	<u>`</u>	<u> </u>	100								
								.e			
								-			
V. TEST DATA AND REQU	FST FOI	RALLOV	VABL	Æ	_l ,	<u>,,,,,</u>					
V. TEST DATA AND REQUIRED TO THE OIL WELL (Test must be after	r recovery	of total volum	ne of lo	ad oil and mu	si be equal to	or exceed top a Method (Flow,	Howable for 11	elc)	唐伶信		
Date First New Oil Run To Tank	Date of				Producing !	Method (F1010),	ρωφ, 2ω .9. .	In(
Length of Test	Tubing	Pressure			Casing Pres	saure		Chold is	APR 1	1 1994	
Length of Year					Water - Bb		ky to	Cas (B)	n cor	און ופיותי	
Actual Prod. During Test	Oil - E	lbis.		=		h 825	1991.				
						Jacks	t gang		DIST	• •	
GAS WELL Actual Prod. Test - MCI/D	Leagu	n of Test			Bbls. Cond	Jensak/MMCF			Condensate		
Contract Con					Carion De	Spirit (Shul-in)		Choke S	ic .	-	
Testing Method (pitot, back pr.)	Tubin	g Pressure (S	ging-m)		Casing						
TOTAL CODE		OF COI	ADI 1	LANCE				/ATION	1 01/16	ON	
VI. OPERATOR CERTIF	ICAIE	OF COL The Oil Co	nscrvati	ion		OIL CC	DNSEH	VALIO	1 DIVIS	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					- 11	FEB 2 5 1991					
is true and complete to the best of my knowledge and belief.					Da	Date Approved					
NII Iller						7.11					
Signature					- B)	By Suppose Standard					
Signature Doug W. Whaley, Staff Admin. Supervisor					- ∥ ⊤₁	tle	SUPER	RVISOR	DISTRICT	13	
Printed Name February 8, 1991		30		0=4280 ione No.	- ∥ ''						
Date			Teleph	ione 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.