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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

## 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** 

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TOTR	ANSPORT OIL	TAN DNA	URAL GA		<u> </u>			
Decator	Well API \ o.								
Amoco Produc									
Address E 3015	Street.	tarmina.	+~~	N/W	87401				
Reason(s) for Filing (Check proper box)	JI LEET,	$-i\pi_0\pi_0$	Othe	(Please expla			<del></del>		
New Well	_ <u>_</u>	n Transporter of:	-10+	ve 4-1	-89				
Recompletion		Dry Gas	Effect						
Change in Operator	Casinghead Gas	Condensate					a9	0007_	
change of operator give name address of previous operator									
I. DESCRIPTION OF WELL	AND LEASE								
Lease Name							d of Lease No.		
Abrams Gas Cor	ME IE	Dakota Sial			Fed: 2 Dor Fee 9400051				
Location			_						
Unit LetterM	_:_790	_ Feet From The	5 Line	and	O Fee	t From The	<u> </u>	Line	
Section 30 Townshi	ip 29N	Range 10W	, NI	1PM,	San J	Down		County	
Section 30 Portion									
II. DESIGNATION OF TRAN	NSPORTER OF Cond		RAL GAS		Lish		Comment of the second		
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)								
. Meridian Oil In Name of Authorized Transporter of Casin	P.O. Box 4289, tarminaton NM 87499  Address (Give address to which approved copy of this form is to be sent)								
El Paso Natural	Gas	or Dry Gas [					naton N		
If well produces oil or liquids,	Unit Sec.	Twp. Rge.			When		<del>.0</del>		
give location of tanks.	1 m 1 30	Walne	<u></u>		1				
f this production is commingled with that	from any other lease of	or pool, give comming	ling order num	er:					
IV. COMPLETION DATA	Louv	ell Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	Oil We   - (X)	ii   Gas weii	I Hem Mell	WOIKOVET	Deepen	Link Dack			
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	l		P. 3.T.D.	<u></u>	1	
						ļ <u></u>			
Elevations (DF, RKB, RT, GR, etc.)	DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay			Ti bing Depth			
l'erforations	rations					D pth Casing Shoe			
1 ciroraniona						ļ ·		•	
	TUBING	G, CASING AND	CEMEN'TI	NG RECOR	RD				
HOLE SIZE	CASING &	TUBING SIZE	DEPTH SET			SACKS CEMENT			
			-			-  <del></del>			
	<del>- </del>								
V. TEST DATA AND REQUE	ST FOR ALLOY	VABLE	l	<i>₹</i> '-w <sub>1</sub>		<b>-</b>			
OIL WELL (Test must be after	recovery of total volum	ne of load oil and mu					for full 24 ho	ws.)	
Date First New Oil Run To Tank	Date of Test		Producing M	ethod (Flow, p	ump, gas lýt, i	ic.)			
Land of Tax	The Design					C ruke Size			
Length of Test Tubing Pressure			Casing Pressure						
Actual Prod. During Test	Oil - Bbls.	Water - Bble	\$ 1. Company		Cas-MCF				
						<u> </u>			
GAS WELL				****		۴.			
Actual I'rod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF			Cravity of Condensate			
	nucles bester to	ning Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			
l'esting Method (pitot, back pr.)	rubing Pressure (2	nut-m)	Casing Pressure (Shut-III)			CHOKE SIZE			
THE OPEN AMON CONTROL	CATTE OF CO.	ADLIANCE	-\						
VI. OPERATOR CERTIFIC				OIL CO	NSERV	ATION	DIVISION	NC	
I hereby certify that the rules and reg Division have been complied with an									
is true and complete to the best of in	y knowledge and belie	ŕ.	Dat	e Approv	ed				
RLCI				- , .pp v	VC	) No 100 <b>0</b>			
1 eU ) haw						4			
Signature	<i>i</i>	Supr	∥ By.		3.2	( Che	_/		
Printed Name	Ham	Title	Title	<b>.</b>		· ····································	В <b>тот ст</b> #	74	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

(505) 325-8841. Telephone No.

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of d. viation 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.