Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Furm 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

OO RIO BIAMA KA, MAAA, MA	REQU	JEST FC	H A	CET OII	AND NAT	URAL G	AS	J. 4				
- Indo	AND NAT	ID NATURAL GAS Well API No.										
AMOCO PRODUCTION COMPANY						3004524973						
dress	OT ODAT	0020	1									
P.O. BOX 800, DENVER, C	OLORAL	0 8020	1		Other	(Please exp	lain)					
cason(s) for Filing (Check proper box)		Change in	Transp	orter of:	Y_							
ecompletion	Oil		Dry G									
hange is Operator	Casinghea	d Gas	Conde	neate U								
change of operator give name d address of previous operator												
DESCRIPTION OF WELL A	ND LE	ASE										
	MCI LOC LOCA LATINE' INCIDENTA					Lottimeton				Lease No. EDERAL SF080373		
TAWSON		1 R	BA	SIN (DAI	(OIA)			FED	ERAL	1 Srue	03/3	
ocation [,		2400			FSL		1150	Free	From The _	FWL	Line	
Unit Letter	:		Feet I	From The	Line	104						
Section 10 Township	30	N	Range	<u>8W</u>	, NN	IPM,		SAN	JUAN		County	
				NID NIATEI	DA1 CAS							
I. DESIGNATION OF TRANS	PORTE	or Conde	IL A	NU NA LUI		address to	which a	proved	copy of this fo	vm is to be ser	nt)	
HERIDIAN OIL INC.					3535 EAST 30TH STREET, FARMINGTON, NM 87401							
lane of Authorized Transporter of Casing	nead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)						N)	
EL PASO NATURAL GAS CO	- I Bus				P.O. BOX 1492, EL PASO, TX 79978 Le gas actually connected? When 7							
well produces oil or liquids, ve location of tanks.	Unut	Sec.	Twp. 	. Rge.				Ĺ				
this production is commingled with that f	DIN ARY O	ther lease of	pool,	give comming	ing order num	ber:						
V. COMPLETION DATA	,o, .										hyer Bash	
		Oil Wel	1	Gas Well	New Well	Workover	D	epca	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)		1,		Total Depth	l	_i		P.B.T.D.	1		
Date Spudded Date Compl. Ready to Prod.					Total Department							
OF OUR PE CH ata	Name of	Producing I	onnau	100	Top Oil/Gas	Top Oil/Gas Pay				Tubing Depth		
levations (DF, RKB, RT, GR, etc.)	I Canie Co		•							Depth Casing Slice		
erforations									Depth Cash	iff 2nce		
				CINIC AND	CEMENT	NC RECO	ORD		<u> </u>			
	TUBING, CASING AND				CEMENT	DEPTH SET				SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				+							
	 											
	1											
					<u> </u>				J			
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR	ALLOV	VABL	ali. A ail and mu	er ha anual sa c	r exceed IOD	allowal	le for th	is depth or be	for full 24 ho	ws.)	
			e of to	ad ou and ma	Producing N	Aethod (Flow	ч, ритр,	gas lýt,	eic.)			
Date Fina New Oil Run To Tank	Date of Test				l fi	n E C		W	<u> </u>			
Length of Test	Tubing	Pressure			Casing Par	W in a	ו ציבו ע	V	Cidke Siz	E		
Conger or 100					U D	<u>u</u>	50 5	1001	Gas- MCF			
Actual Prod. During Test	Ou - Bt	ols.			Matet - Bo		325					
						OIL C	ON	. D	٧.			
GAS WELL					(Bh): Cond	ensue/MM				Condensate		
Actual Prod. Test - MCT/D	Length	of Test						_				
or the state of th	Yubing	Pressure (S	hul-in)		Casing Pro	suire (Shul-i	n) .		Choke Si	LC .		
l'esting Method (pitot, back pr.)					_							
VI. OPERATOR CERTIFIC	CATE	OF CON	APLI	IANCE		011 0	ONIC	EDI	/ΔΤΙΩΝ	DIVIS	ON	
the state of the s	ulations of	the Oil Con	RCLASPI	1012		OIL C	ONC	,_,,,	771101	, 5, , , ,		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					_	Date ApprovedFEB 2 5 1991						
is true and complete to the best of my	FTOM Hegi	Re with perior	••		Da	re appr	oved		~			
NII alles								7	15 6	al	/	
Signature						By						
Signature Doug W. Whaley, Staff Admin. Supervisor Tale						lo		SUPE	HVISOR	DISTHIC	7 /3	
Posted Name February 8, 1991		30.	3-83	0-4280	11	le						
Date			Teleph	ione No.	_1\						نيه بينين	
							_					

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.