Subnut 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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazus Rd., Aziec, NM 87410

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

00) Rio Brazus Rd., Aziec, NM 8/410	REQUEST	T FOR	ALLOWAE	BLE AND A	AUTHORI FURAL G	ZATION AS				
TO TRANSPORT OIL A MATTER TO TRANSPORT OIL A MATTER TO TRANSPORT OIL A					Well API No. 300452532900					
diress						_ 				
P.O. BOX 800, DENVER, Reason(s) for faling (Check proper box)	COLORADO	0201		Oth	er (Please exp	lain)				
lew Well	Char	ige in Tra	nsporter of:	L						
ecompletion	Oil	Dr								
hange in Operator	Casinghead Gas	. Co	ndensate X							
change of operator give name										
I. DESCRIPTION OF WELL	AND LEASE			E- E- emption		Kind	of Lease	le le	ase No.	
DAVIS GAS COM J		l No. Po	ol Name, Includ BLANCO ME	SAVERDE	(PRORATE	D GASiale,	Federal or Fee			
Location F	. 148		et From The	FNL	e and	1450 Fe	et From The	FWL	Line	
Unit Letter26 Townsl	29N	R.	ange 11W	, N	мрм,	SAN	JUAN		County	
II. DESIGNATION OF TRA		OF OIL Condensate		Address (Gr	ve aultress to	which approved	copy of this fo	ımıs w be se	nı)	
Name of Authorized Transporter of Oil		CHOCHSE		3535 E	AST 30T	H STREET	FARMIN	GTON, CO	87401	
MERIDIAN OIL INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas [3535 EAST 30TH STREET, FARMINGTON, CQ 87401 Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS (·	P.O. B	OX 1492	EL PAS	O, TX 7	9978		
If well produces oil or liquids, give location of tanks.	Unit Sec	. 17	wp. Rge	ls gas actual	ly connected?	Wher	. ?			
I this production is commingled with the	at from any other le	ase or po	ol, give commin	gling order nun	nber:					
IV. COMPLETION DATA						Deepen	l Plue Back	Same Res'v	Diff Res'v	
Designate Type of Completio		il Well	Gas Well	I New Meri	Workover	Dupa		İ	_i	
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	tions (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
Perforations							Depth Casil	ig Slice		
	TUI	TUBING, CASING AND						SACKS CEMENT		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEPTH SET			SAGNO OLIMENT		
V. TEST DATA AND REQU	IEST FOR ALL	LOWA	BLE							
OIL WELL (Test must be after	er recovery of total	volune oj	fload oil and mi	usi be equal to	or exceed top	allomable for th	his depth or be	for full 24 ho	<u>ws)</u>	
Date First New Oil Run To Tank	Date of Test			Producing	Method (Flow)	punp, gas 191,		W = 5	-	
Length of Test	Tubing Pressu	Tubing Pressure			Casing Pressure			AE	11	
Actual Prod. During Test	Oil - Bbis.	Oil - Bbis.			Water - Bbls.			J.C. 5 1990		
	L					OIL	CON.	DIV.		
GAS WELL Actual Prod. Test - MCF/D	Length of Tes			Bbls. Cond	lensate/MMCI		DISTY			
Actual Plod. Test - Michie						 -	Choke Siz		<u>:</u>	
Festing Method (pitot, back pr.)	Tubing Pressu	ire (Shut-	ம்)	Casing Pre	ssure (Shut-in		Cloke 312			
VI. OPERATOR CERTIF	FICATE OF C	COMPI	LIANCE		OIL CO	ONSER'	VATION	DIVISI	ON	
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.					5 1000					
is true and complete to the best of	my knowiedge and 7	ornel.		Da	ite Appro	vea	JUL	ע <u>הוא</u> א	4	
Signature Signature	<u>'</u>	\		Ву			دسد	- Chi	<i></i>	
Suprature Doug. W. Whaley, Staff Admin. Supervisor Trate Transco Name				- Tit	le	S	UPERVIS	OR DIST	RICT #3	
June 25, 1990			330+4280_ phone 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 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.