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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

215 RIC 1.111 (000 Rio Brazus Rd., Aziec, NM 87410	REQUEST F	OR ALLOWAR	LE AND AUTHOF	RIZATION			
TO TRANSPORT OIL AND NATURAL GAS					Well API No.		
AMOCO PRODUCTION COMPA		300452551000					
Address P.O. BOX 800, DENVER,	COLORADO 802	01					
Reason(s) for Filing (Check proper box)		. T	Other (Please ex	plain)			
New Well Recompletion	· · ·	n Transporter of: Dry Gas					
Change in Operator	Casinghead Gas						
f change of operator give name and address of previous operator							
I. DESCRIPTION OF WELL							
Lease Name STATE GAS COM BZ	Well No. Pool Name, Including 1 ARMENTA GAL			n Kind o State, I		Lease No.	
Location	1850	n . c . m	FSL	1080	u Empy The	FELLine	
Unit Letter	_ :	Feet From The	Line and		I From The JUAN		
Section 32 Townsh	ip 29N	Range 10W	, NMPM,		JUAN	County	
III. DESIGNATION OF TRAI			RAL GAS	· · · · · · · · · · · · · · · · · · · 		70.274 77203	
Name of Authorized Transporter of Oil	or Coade	nsate X	Address (Give address to				
MERIDIAN OIL INC. Name of Authorized Transporter of Casin	nghead Gas	or Dry Gas X	3535 EAST 30T Address (Give address to	m SIKEEL,	copy of this form	is to be sent)	
EL PASO NATURAL GAS C	OMPANY	_,	P.O. BOX 1492			78	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas actually connected?	P ∥Whea 	t .		
If this production is commingled with that	from any other lease of	pool, give comming	ling order number:				
IV. COMPLETION DATA			1 M. W. H. 1 M. Assura	Deepen	Plug Back Sai	ne Res'v Diff Res'v	
Designate Type of Completion	[Oit Web n - (X)	I Gas Well	New Well Workover	Deepea	Link trace [24	III KEV	
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth		P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
						Depth Casing Slice	
Perforations					Depar casing s		
			CEMENTING RECO		1	NO OCHENT	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE .	1		1		
OIL WELL (Test must be after	recovery of total volum	e of load oil and musi	Producing Method (Flow	allowable for this	depth or be for j	ull 24 hours)	
Date First New Oil Run To Tank	Date of Test		1 totaleng intended (1 tow	ל נמו	nz iz ()	1 15 11:	
Length of Test	Tubing Pressure		Casing Pressure	N F	ic)		
Actual Prod. During Test	Oil - libis.		Water - Bbis.	u	UL MG 199	90	
					CON.	DIV.	
GAS WELL	المستنب الديوس بالمراجعات وسيد		Bbls. Condensate/MMCI		TOISTAS		
Actual Prod. Test - MCF/D	Length of Test		Boil Condensation of the			, majoratus este a 1	
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC			011 00	NSERV	ATION D	IVISION	
I hereby certify that the rules and reg Division have been complied with an	OIL CONSERVATION DIVISION Date Approved						
is true and complete to the best of my				990			
NUILL							
Signature C.	SEE Admin	nomica:	Ву		12.0%		
Doug W. Whaley, St.	aff Admin. <u>Su</u>	Tale	Title	SUPE	RVISOR DIS	STRICT /3	
June 25, 1990		-830-4280					

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.