Submit 5 Copies
Appropriate District Office
DISTRICT I
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 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. AMOCO PRODUCTION COMPANY 300452555700 Address P.O. BOX 800, DENVER, COLORADO 80201 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Change in Operator Casinghead Gas [] Condensate [X] If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation
BASIN DAKOTA (PRORATED GAS) Well No. Kind of Lease Lease No. STATE GAS COM BP 1E State, Federal or Fee FEL Feet From The Feet From The 32 Township 29N SAN JUAN NMPM County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate $\begin{bmatrix} 1 \end{bmatrix}$ Address (Give address to which approved copy of this form is to be sent) MERIDIAN OIL INC.

Name of Authorized Transporter of Casinghead Gas -3535-EAST-30TH-STREET, FARNINGTON, CO 87404 Address (Give address to which approved copy of this form is to be sens) or Dry Gas X P.O. BOX 1492, EL PASO, TX 79978 — s gas actually connected? When? EL PASO NATURAL GAS COMPANY If well produces oil or liquids, Twp Rge is gas actually connected? If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Gas Well New Well | Workover Oil Well Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Spudded Date Compl. Ready to 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 Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours, Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Oil - Bbis. Water - Bbls - 5 1990 GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCIOIL CON LEVE DI Vindensate lesting Method (pitot, buck pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. Date Approved 3 1) Q Signature Doug W. Whaley Supervisor SUPERVISOR DISTRICT #3 Printed Name Title Title. June_25, 1990 303-830-4280_ Telephone 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.