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P.O. Box 1980, Habbs, 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 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

Santa Fe, New Mexico 87504-2088

DISTRICT III

XXX Rio Brazos Rd., Aztec, NM 87410					BLE AND A						
MMOCO PRODUCTION COMPANY						Well API No. 300452617900					
ddress						100000000000000000000000000000000000000					
P.O. BOX 800, DENVER, Reason(s) for Filing (Check proper box)	COLORAI	00 8020	01	····	Othe	s (Please expla	in)				
lew Well		Change in		(7							
Recompletion	Oil	-	Dry Ga								
change in Operator L	Casinghea	a Cat	Conden	1216 []						· · · · · · · · · · · · · · · · · · ·	
d address of previous operator				- 		· · · · · · · · ·					
I. DESCRIPTION OF WELL	AND LE		7				Vind o	(Lease		ease No.	
.ease Name HOUCK COM		Well No. Pool Name, Includin 1E BASIN DAKO				ATED GAS	. 1	State, Federal or Fee			
ocation M		790			FSL	. 79	0		FWL		
Unit Letter	:	, , , ,	Feat Fr	m The	Line	and		et From The		Line	
Section 1 Towns	hip 291	N	Range	10W	, NA	ирм,	SAN	JUAN		County	
II. DESIGNATION OF TRA	NSPORTE	ER OF C	IL AN	D NATU	RAL GAS					·	
Name of Authorized Transporter of Oil		or Coud			Address (Gin	e address to wh	ich approved	copy of this f	orm is to be se	eni)	
MERIDIAN OIL INC.						3535 EAST 30TH STREET, FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sens)					
Name of Authorized Transporter of Cas		Ll	UI DIY								
EL PASO NATURAL GAS C I well produces oil or liquids,	Unit Unit	Sec.	Twp.	Rgc.	P.O. BO	y connected?	When	7 1 X 7	,,,,		
ve location of tanks.	_	1	.	1	1						
this production is commingled with the	at from any of	ther lease o	r pool, gi	ve comming	hive outer anul	ocr:					
V. COMPLETION DATA		Oil We		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)		i		_i	İ	<u> </u>	l	L		
Date Spudded	Date Con	npl. Ready	to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
								Depth Casing Shoe			
Perforations								Dejan Casa	ng Shoo		
		TUBINO). CASI	ING AND	CEMENTI	NG RECOR	.D				
HOLE SIZE CASING & TUBING SIZE						DEPTH SET	er en fi		CACHE CEN	MENT	
					D E 6						
					-	 ñ {			<u>ש</u>		
							AUG 2	3 1990			
V. TEST DATA AND REQU	EST FOR	ALLOV	VABLE	2			Nu. C6	SEL DI	Manaka		
)1L WELL (Test must be after	er recovery of	total volum	re of load	oil and mu	st be equal to or Producing M	r exceed top at lethod (Flow, p	ump, gas like	у вери: от ое щ() 3	jur just 24 NO		
Date First New Oil Run To Tank	Date of T	1 C74					• - • -				
Length of Test	Tubing P	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Rhi	Oil - Bbls.			Water - Bbls	Water - Bbls.			Gas- MCF		
United 1100: Nating 1986					<u></u>			J			
GAS WELL								-r.,	- / /		
Actual Prod. Test - MCF/D	Leagth o	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubine	Tubing Pressure (Shut-in)			Casing Press	Casing Pressure (Shul-in)			Choke Size		
restring intention (huns) when h.)											
VI. OPERATOR CERTIF	ICATE C	F COM	1PLIA	NCE		OIL COI	MOEDV	/ATIAN	ואואום	ΟN	
I hereby certify that the rules and re	gulations of t	he Oil Con	servation			OIL COI				U 11	
Division have been complied with is true and complete to the best of	and that the in	dominion l	given abo	ve		- A		UG 23 1	1990		
19 TITIC SING COMPLIENCE TO SEC DOM OF	montook		•		Dat	e Approve	ea	Λ			
LY L. Uhler	_				D.		3). <i>e</i> l	/		
Signature Doug W. Whaley, St.	ef Admi	, Ç.,,	armic	or	By_		SUPERV	ISOR DIS	STRICT	13	
Printed Name	arr Admil	n. oup	Title	VI	Title						
July 5, 1990		303	=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.