Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

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

1000 Rio Brazos Rd., Aziec, NM 87410	REQUE	ST FOR	ALLOWA	BLE AND	AUTHOR	IZATION					
I.				IL AND NA							
Operator AMOCO PRODUCTION COMPANY						Well API No. 300450932800					
Address P.O. BOX 800, DENVER,	COLORADO	80201									
Reason(s) for Filing (Check proper box)				Ot	ver (Please ex	plain)					
New Well Reconsolution		- (nsporter of:								
Recompletion [] Change in Operator []	Oil Casinghead G	U Dr as □ Co	_								
If change of operator give name and address of previous operator	Canificat C		TOCHER LA								
I. DESCRIPTION OF WELL	AND LEAS	E									
Lease Name	ease Name Well No. Pool Name, Including					ng Formation Kind of Lease Lease No. AVERDE (PRORATED GASState, Federal or Fee					
Location			LANCO TIE	SAVERDE	(FRORATE	ED GASSILLE,		1			
Unit LetterL	_ :165	0 Fee	et From The _	FSL Lie	e and	90 F	et From The	FWL	Line		
Section 24 Townshi	_p 30N	Ra	nge 10W	, N	мрм,	SAN	JUAN		County		
III. DESIGNATION OF TRAN	SPORTER (OF OIL.	AND NATI	IRAL GAS							
Name of Authorized Transporter of Oil		Condensate			e address to	vhich approved	copy of this form	n is to be sen	·)		
MERIDIAN OIL INC. Name of Authorized Transporter of Casing	ohead Gas - [7 0	Dry Gas X	3535 E	AST 30TI	STREET,	FARMINGT	ON, CO	87401		
EL PASO NATURAL GAS CO	-	or	DIN CORE [X]				copy of this form		1)		
If well produces oil or liquids, give location of tanks.	Unit So	:. Tw	P. Rge		y connected?		TX 799	78			
f this production is commingled with that	from any other le	ase or pool	give commin	gling order num	ber:						
V. COMPLETION DATA			1								
Designate Type of Completion		il Weli	Gas Well 	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v		
Date Spudded	Date Compl. R	eady to Pro	d .	Total Depth	•		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing Shoe				
							Dopai Casing a				
HOLE OVE				CEMENTI			Y				
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
/. TEST DATA AND REQUES	T FOR ALL	OWABI	E ,				l				
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.)						
ate First New Oil Run To Tank Date of Test				Producing Method (Flow, pump, gas lyli, etc.)							
ength of Test	Tubing Pressure			Casing Press.	Casing Pressure			W F IT	<i>y</i>		
Actual Prod. During Test	Oil - Ubis.			Water - Bbis.		- K-	Gas- MCF		 		
CACAMELI	l			<u> </u>		uu	UL 2 19	30			
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	SAIC/MMCT		TO COMPANY TO THE	eny.			
	anagai to I was			UIL COMMENCE OIL			CON PIV.				
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressu	re (Shut-in)		ာဥါ<u>ဒ္</u>႞, 3				
I. OPERATOR CERTIFIC	ATE OF CO	OMPLIA	ANCE								
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION							
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 JUL 2 1990							
N1/10.				Date	Approve	ıu <u>J</u>	<u>∪∟ ~ 13.</u>				
Signature				By 3.1) Chang							
Doug W. Whaley, Staff Admin. Supervisor				SUPERVISOR DISTRICT #3							
June 25, 1990	3	03-830	-4280	Title							
Date		Telephon	e No.	11							

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.