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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 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. Operator 300450986900 AMOCO PRODUCTION COMPANY P.O. BOX 800, DENVER, COLORADO 80201 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Recompletion Casinghead Gas Condensate X Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Pool Name, Including Formation FLORA VISTA GALLUP (GAS) Lease Name L C KELLY Well No. State, Federal or Fee 5 Location FEL 915 1790 Feet From The Line Feet From The Unit Letter SAN JUAN 03 30N County **NMPM** Township Range Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate 3535 EAST 30TH STREET, FARMINGTON, CO 87401 MERIDIAN OIL INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) EL PASO NATURAL GAS COMPANY P.O. BOX 1492 EL PASO, TX ]]wp. When? is gas actually connected? Sec. Rgc. If well produces oil or liquids, Unit give location of tanks. 1 If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA New Well | Workover | Deepen | Plug Back | Same Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth P.B.T.D. Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE **DEPTH SET** HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (lest 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) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Casing Pressure Length of Test Tubing Pressure Water - Bbls. 2 1990 Od - libls. Actual Prod. During Test JUL

OIL CON. DIV. **GAS WELL** DIST. 3 of Cond Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCI/D Choke Size Casing Pressure (Shul-in) l'esting Method (pitot, back pr.) Tubing Pressure (Shut-in)

### VI. OPERATOR CERTIFICATE OF COMPLIANCE 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.

D. I. Illy	
Signature Doug . W. Whaley, Staff	f Admin. Supervisor
Printed Name	Title
<u>June 25, 1990</u>	303-830-4280 Telephone No.

## OIL CONSERVATION DIVISION

Date Approved By\_

SUPERVISOR DISTRICT #3

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.

Title.

- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 31 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.

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DESCRIPTION OF WELL AND LEASE  ase Name  C KELLY  To BASIN DAKOTA (PRORATED GAS)  Well No. BASIN DAKOTA (PRORATED GAS)  With Letter I 1790 Feet From The FSL Line and 915 Feet From The FEL Line  Unit Letter I 2790 Feet From The FSL Line and 915 Feet From The San JUAN County  Section 03 Township 30N Range 12W NMPM, SAN JUAN County  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Laure of Authorized Transporter of Oil Or Condensate X  MERIDIAN OIL INC.  Laure of Authorized Transporter of Casinghead Gas Or Dry Gas X  Address (Give address to which approved copy of this form is to be sent)  P.O. BOX 1492, EL PASO, TX 79978  When 7  Well produces oil or liquids, Unit Soc. Twp. Rge. Is gas actually coanected?  When 7	RICT III Rio Brazos Rd., Aziec, NM 87410	REQUES <sup>1</sup>	T FOR A	ALL(	OWABL	E AND AL	JTHORIZA	TION				
O. BOX 800, DENVER, COLORADO 80201    O. BOX 800, DENVER, COLORADO 80201   O. BOX 800, DENVER, COLORADO 80201   O. BOX 800, DENVER, COLORADO 80201   O. BOX 800, DENVER, COLORADO 80201   O. BOX 900, DENVER, COLORADO 80201   O. BOX 900, DENVER Proper box 1   O. BOX 900, DENVER Proper box 1   O. BOX 900, DENVER Proper box 1   O. BOX 100, D. BOX 100, D. BOX 100, D. BOX 1000, Reciping Formation   O. BOX 100, DENVER Proper box 1   O. R. BOX 100, DENVER PROPE BOX 100, DENVER BOX 1   O. R. BOX 100, DENVER BOX 100, DENVER BOX 100, DENVER BOX 1   O. R. BOX 100, DENVER P	rator	то	TRANS	POF	RT OIL A	AND NATU	JHAL GAS	Well API		)		
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Consignated Gas   Dry Carlinghead Gas   Condensate   Example   Configuration   Continuence of generation gives harms address of pervision operator   Condensate   Example   Condensate   Con		Cha	nge in Tran	sport	er of:	_						
TUBING, CASING AND CEMENTING RECORD  POST REAL TYPE of Completion (X)  Name of Appendix by anne address of persons operator  DESCRIPTION OF WELL AND LEASE  Well No.  Section  1790 Feet From The FSL Line and 915 Feet From The FEL Line  Section  30 Township 30N Range 12W NNPM, SAN JUAN County  NNPM, SAN JUAN County  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Sum of Authorized Transporter of Oil Or Coodenable (C)  AREA I Transporter of Oil Or Dy Gas (X)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of this form as to be sense)  Address (o'm address to which apprend copy of	1 1	Oil										
DESCRIPTION OF WELL AND LEASE  Well No. Pool Name, Isolating Formation  In Name  Well No. Pool Name, Isolating Formation  BASTIN DAKOTA (PRORATED GAS)  State, Federal or Fee  Leave No.  Let KLLY  Line  Section  O3 Township  30N Reg 12W NoPM SAN JUAN  County  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Line of Authorized Transporter of Oil Of Condensate  Line of Authorized Transporter of Oil Of Condensate  Line  SAN JUAN  County  MERITIDIAL OLL-INC:  OL	ange in Operator	Casinghead Ga	≰ ∐ Con	densi	ite (A)							
DESCRIPTION OF WELL AND LEASE  SERVING  SOURCE  SOURCE	hange of operator give name Laddress of previous operator											
As Name    Common   Part   Production   Past   Production   Past   Past		AND LEASI	: lb.:	1 11-	Includin	o Formation					ase No.	
Unit Letter 1790 Feet From The FS1. Lise and 91 Feet From The County  Section 03 Township 30N Range 12W NNPM, SAN JUAN County  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL CAS  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL CAS  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL CAS  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL CAS  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL CAS  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL CAS  MIRKE JUAN O. J. J. HNC  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL CAS  MIRKE JUAN O. J. J. HNC  I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL CAS  MIRKE JUAN O. J.	ease Name L. C. KELLY	W	5 B	ASI	N DAKO	TA (PROR	ATED GAS	State, F	ederal or Fee			
Section   O3   Township   30N   Range   12W   NNPM,   SAN JUAN   County	ocation I	179	0 Fee	el Fro	en The	FSL Line	and91	5 Fee	From The	FEL	Line	
I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS   Condensate	03	30N	Ra	nge	12W	, NN	1PM,	SAN	JUAN	<del> </del>	County	
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### ACTION OF THE PROPERTY OF CASING AND CEMENTING RECORD Date Casing Pressure    Name of Audoroted Transporer of Casinghead Gas	I. DESIGNATION OF TRAN	SPORTER	Condensate		ראר) ראר	Address (Gin	e address to wh	ich approved	copy of this f	orm is to be se	<i>ni)</i>	
And Authorized Production is commingled with that from any other lease or pool, give commingling order number:  V. COMPLETION DATA  Designate Type of Conylection - (X)  Date Sounded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Date Spudded  Date Compl. Ready to Prod.  Total Depth  Total Depth  Depth Casing Shoe  P.B.T.D.  Total 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 mumb 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  Tubing Pressure  Casing Pressure  Casing Pressure  Gas WELL  Actual Prod. Test - NICFID  Feating Method (piote, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  VI. OPERATOR CERTIFICATE OF COMPLIANCE  I bereby certify that the rules and regulations of the Oil Conservation  Division have been compiled with that that the information gives above is true and oxyplete to the best of my knowledge and belief.  Signature  Village W. What Ley, Staff Admin. Supervisor  Title	WED TOTAL OF THE					3535 E	AST 30TH	STREET,	FARMIN	GTON , CO orm is 10 be se		
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V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Itest 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  Length of Test  Actual Prod. During Test  Oil - Bbls.  Oil - Bbls.  Oil - Bbls.  Casing Pressure  Water - Bbls.  UL 2 1990  GAS WELL  Actual Prod. Test - MCF/D  Testing Method (pitot, back pr.)  Tubing Pressure (Situt-in)  Testing Method (pitot, back pr.)  VI. OPERATOR CERTIFICATE OF COMPLIANCE  Thereby 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.  Signature  Doug W. Whaley, Staff Admin. Supervisor  Title  Title  Title		π	TUBING, CASING AND				DEPTH SET			SACKS CEMENT		
Date First New Oil Run To Tank  Date of Test  Length of Test  Length of Test  Length of Test  Actual Prod. During Test  Oil - Bbls.  Casing Pressure  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  VI. OPERATOR CERTIFICATE OF COMPLIANCE  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.  Signature  Doug W. Whaley, Staff Admin. Supervisor  Doug W. Whaley, Staff Admin. Supervisor  Title  Title  Title  Title  Title  Title	HOLE SIZE	CAS	ING & TUE	SING	SIZE		DEI III DE					
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Length of Test  Actual Prod. During Test  Oil - Ibbls.  Oi		Date of Tes	Date of Test				Method (Flow,	рштр, уст 191	, •,			
Actual Prod. During Test  Oil - Bbls.  Water - Bbls.  GAS WELL  Actual Prod. Test - MCF/D  Length of Test  Tubing Pressure (Shut-in)  VI. OPERATOR CERTIFICATE OF COMPLIANCE  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.  Signature  Boug W. Whaley, Staff Admin. Supervisor  Title  Title  Title  Title  Title  Title  Title  Title		Tubing Pre	The Program				Casing Pressure				ñ	
Actual Prod. During Test  Oil - Bbls.  Oil - Bbls.  GAS WELL  Actual Prod. Test - MCF/D  Tubing Pressure (Shut-in)  VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 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.  Signature  Doug W. Whaley, Staff Admin. Supervisor  Title  Title  Title  Title  Title  Title  Title	Length of Test	I doing 1 to	3,010					. (D) E	Gas- MC	F 15	1	
GAS WELL  Actual Prod. Test - NICF/D  Festing Method (pitot, back pr.)  Tubing Pressure (Shut-in)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  1 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.  Signature  Doug W. Whaley, Staff Admin. Supervisor  Title  Title  Title  Title  Title	Actual Prod. During Test	Oil - Bbls.				Water - Bi	bis.	W		1090 _	<u>-</u>	
VI. OPERATOR CERTIFICATE OF COMPLIANCE  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.  Signature Doug W. Whaley, Staff Admin. Supervisor Title  Printed Name  Title  Title  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  Date Approved  By  SUPERVISOR DISTRICT 13  Title						l			JUL E	1300		
VI. OPERATOR CERTIFICATE OF COMPLIANCE  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.  Signature Doug W. Whaley, Staff Admin. Supervisor Title  Printed Name  Title  Title  Casing Pressure (Shut-in)  OIL CONSERVATION DIVISION  Date Approved  By  SUPERVISOR DISTRICT 13  Title			1°2.			Bbis. Con	densale/MMCF		I CON	4 comme	,	
VI. OPERATOR CERTIFICATE OF COMPLIANCE  1 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.  Signature Doug W. Whaley, Staff Admin. Supervisor Title  Printed Name  303-830-4280.	Actual Prod. Test - MCF/D	Toulin or	ien						DIST	3		
VI. OPERATOR CERTIFICATE OF COMPLIANCE  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.  Signature Doug W. Whaley, Staff Admin. Supervisor Title  Printed Name  303-830-4280  OIL CONSERVATION DIVISION  JUL 2 1990  Date Approved  SUPERVISOR DISTRICT 13  Title	Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				essure (Shut-in)		GHOKE 3	1426		
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.  Signature Boug W. Whaley, Staff Admin. Supervisor Title  Title  Title  Title  Title  Title						_					NON!	
Division have been complied with and that the Internation process is true and complete to the best of my knowledge and belief.  Signature Doug W. Whaley, Staff Admin. Supervisor Title  Title  Title  Title  Title	VI. OPERATOR CERTIF	ICATE OF	COMI	PLIA	ANCE		OIL CO	ONSER			SION	
Signature Doug W. Whaley, Staff Admin. Supervisor Title Printed Name  303-830-4280.  Date Approved  By  SUPERVISOR DISTRICT 13  Title	- t b complied With	and that the line	William Van Par	ren at	oove 				JUL 2	1990		
Signature Boug W. Whaley, Staff Admin. Supervisor Title  Printed Name 303-830-4280  Title  Title	is true and complete to the best of	my knowledge	and belief.			D	ate Appro	ved		A .		
Signature Boug W. Whaley, Staff Admin. Supervisor Title  Printed Name 303-830-4280  Title  Title	Nil M.					Bin) Chang						
Printed Name 1000 303-830-4280	Signature (L. Dholes, Staff Adoin, Supervisor					-    B	By					
303-830 <u>-4280</u>   1	Printed Name			111	ЦC		itle					
	June 25, 1990		303:	-83	0=4280. one No.	-						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

<sup>1)</sup> Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

<sup>2)</sup> All sections of this form must be filled out for allowable on new and recompleted wells.

<sup>3)</sup> Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

<sup>4)</sup> Separate Form C-104 must be filed for each pool in multiply completed wells.