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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| I. | - | TO TRA | NSP | ORT OIL | AND NA | TURAL GA | | | | | |
|--|---|----------------|-----------------|-----------------|----------------------------------|---|----------------|--|----------------------|-------------------|--|
| Operator Amoco Production Compa | Well API No. 300451179 | | | | | | | | | | |
| Address 1670 Broadway, P. O. I | | Denv | or | Colorad | o 80201 | | | | | | |
| Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator | | Change in | Transp Dry G | orter of: | | er (Please expla | ain) | | | | |
| If change of operator give name and address of previous operator | | | | | | | | | | | |
| II. DESCRIPTION OF WELL | AND LEA | SE | | | | | | | | | |
| Lease Name RIDDLE A | Well No. Pool Name, Including 2 BLANCO (PIC | | | | ng Formation CTURED CLIFFS) FEDI | | | ERAL SF078049 | | | |
| Location P Unit LetterP | : 1120 Feet From The FSL Line and 860 Feet From The Line | | | | | | | | | Line | |
| Section 18 Township | 30N Range 9W , NMPM, SAN JUAN | | | | | | | County | | | |
| III. DESIGNATION OF TRANSPORTER OF OIL AND NATU | | | | | | | | | | | |
| Name of Authorized Transporter of Oil MERIDIAN INC. | | | | | | Address (Give address to which approved copy of this form is to be sent) P. O. BOX 4289, FARMINGTON, CO 87499 | | | | | |
| Name of Authorized Transporter of Casing EL PASO NATURAL GAS COM | Authorized Transporter of Casinghead Gas or Dry Gas X ASO NATURAL GAS COMPANY | | | | | | | copy of this form is to be sent)), TX 79978 | | | |
| If well produces oil or liquids, give location of tanks. | Unit | Unit Sec. Twp. | | Rgc. | Is gas actually connected? When | | | 7 | | | |
| If this production is commingled with that IV. COMPLETION DATA | from any oth | er lease or | pool, g | ive commingl | ing order num | beг: | | | | | |
| Designate Type of Completion | - (X) | Oil Well | | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Date Spudded | Date Compl. Ready to | |) Prod. | | Total Depth | | J | P.B.T.D. | J.,, | -1 | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing Formation | | | Top Oil/Gas Pay | | | Tubing Depth | | | | |
| Perforations | | | | | Depth Casing Shoe | | | | | | |
| TUBING, CASING AND CEMEN'TING RECORD | | | | | | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| V. TEST DATA AND REQUES OIL WELL (Test must be after re | | | | | he equal to as | exceed top allo | mable for this | denth or he | for full 24 how | rs) | |
| Date First New Oil Run To Tank | Date of Tes | | oj ioda | on and must | | ethod (Flow, pu | | | A • • | | |
| Length of Test | Tubing Pressure | | | | Casing Pressure | | | Choke 14 | EGE | 146 | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bbis. | | | Gas- MCF | - AUG 0 3 | ' 1389 | |
| GAS WELL | <u></u> | | | | L | | | ·C | u con | i. Lily | |
| Actual Prod. Test - MCF/D | Length of Test | | | | Fibis. Condensate/MMCF | | | Gravity of Condensate | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casing Pressure (Shut-in) | | | Choke Size | | Perment 1 | |
| VI. OPERATOR CERTIFICATE OF COMPLIANCE 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 AUG 07 1989 | | | | | | |
| a. L. Hamotan | | | | | 3 1) | | | | | | |
| Sinceture J. L. Hampton Sr. Staff Admin. Suprv. | | | | | By | | | | | | |
| Printed Name 7.28 8 9 303-830-5025 | | | | | Title | | | | | | |
| Date | | 1 CIC | prione i | 140. | 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 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.