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 at Bottom of Page

## **OIL CONSERVATION DIVISION** DISTRICT II P.O. Drawer DD, Anesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

000 Rio Brazos Rd., Aziec, NM 87410	REQUEST	FOR ALLOWA	BLE AND AUTH	ORIZATION				
			L AND NATURA					
Operator ANOCO PRODUCTION COMPANY					Well API No. 300452096900			
Address P.O. BOX 800, DENVER,	CÓLORADO 80	201						
Reason(s) for Filing (Check proper box)			Other (Please	e explain)				
New Well		in Transporter of:						
Recompletion [ ]		Dry Gas						
Change in Operator [ ]  I change of operator give name	Casinghead Gas	Condensate   X		<del></del>				
and address of previous operator	ANDIFACE							
L DESCRIPTION OF WELL AND LEASE  Lease Name  W D HEATH B  Well No. Pool Name, includi  BLANCO PTO							No.	
W D REATH B	- 4	BLANCO PI	CTURED CLIFFS	(GAS) State,	Federal or Fee	l		
Unit LetterA	_ :790 _ :	Feet From The _	FNL Line and	990 Fe	et From The	FEL	Line	
Section 31 Townshi	30N	Range 9W	, NMPM,		N JUAN	C		
						<u> </u>	ounty	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	OF Con	OIL AND NATE	RAL GAS Address (Give address	to which approved	copy of this form	is to be sent)		
MERIDIAN OIL INC.	3535 EAST 30TH STREET, FARMINGTON, CO 87401							
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 79978					
If well produces oil or liquids, ive location of tanks.	Unut Sec.	Twp.   Rge	is gas actually connect	ed?   When	?			
this production is commingled with that V. COMPLETION DATA	from any other lease	or pool, give comming	ling order number:					
Designate Type of Completion	- (X)	ell Gas Well	New Well   Workov	ver Deepen	Plug Back   Sai	me Res'v Diff	Res'v	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.	<b>4</b>		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay	Top Oil/Cas Pay Tubing Depth				
erforations			<u> </u>		Depth Casing Shoe			
		~~~						
TUBING, CASING AN HOLE SIZE CASING & TUBING SIZE				1	0.000.051.51.7			
NOLE SIZE	HOLE SIZE CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
. TEST DATA AND REQUES  OIL WELL (Test must be after to		·			J			
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)							
	Date of Test		Troubling Invalor (Fro				]	
ength of Test	Tubing Pressure		Casing Pressure		Choke Size			
actual Prod. During Test	Oil - Bbis.		MD S & E I A E		is- MCF			
GAS WELL	-	<del></del>	JUL	5 1990				
ictual Prod. Test - MCF/D	Length of Test		Bbis. Condensate/MMC	F	Gravity of Cond	ensate		
sating Method (pitot, back pr.) Tubing Pressure (Shut-in)		4.50	0.0 00		IV .			
isting wiemou (phot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (	Ŋ. 3	Choke Size			
I. OPERATOR CERTIFIC	ATE OF COM	PLIANCE	0".0		TION DI	VICION		
I hereby certify that the rules and regular Division have been complied with and t	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 Appro	nved	JUL :	5 1990		
D.H. Shler								
Sunature Doug W. Whaley, Staff Admin. Supervisor			SUPERVISOR DISTRICT /3					
Proted Name Tale  June 25, 1990 303-830-4280			Title			STRICT .	/3	
Date	Te	tephone 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,
- 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.