Submit 5 Cupies
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 III 1000 Rio Brazos Rd., Aziec, NM 87410

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

	HEQ	UESTF						_	_	ION						
l.		TO TRA	NSF	ORT	OIL A	ND N	ATUR	AL GA	NS.	Well A	PI No					
Operator AMOCO PRODUCTION COMPA					ri na. 4521882	38200										
Address P.O. BOX 800, DENVER,		DO 8020														
Reason(s) for Filing (Check proper box)	COLOMA	20 0020				□ 0	ther (Ple	ase expli	ain)							
New Well		Change in	Trans	porter of:	_	_	•	•								
Recompletion	Oil		Dry (		_]											
Change in Operator	Casingho	ad Gas 📋	Cond	ensate [												
if change of operator give name											<del>.</del>					
and address of previous operator	4316															
II. DESCRIPTION OF WELL	AND LE		Post	Name In	cludina	Formatio				Kind o	{ Lease		10	ase No.		
LETOKANCE		Well No. Pool Name 9A BLANCO		ANCO	PICTURED CLIFF		S (GA			Federal or Fee						
Location J Unit Letter	_ :	1850	_ Feet	From The		FSL	ine and .	16	550	Fe	et From The		FEL	[.	ine	
13	30	N	-	91			NMPM,				JUAN			Count	v	
Section Townshi	IP		Rang	<u>.</u>			NMPM,							Count	·	
III. DESIGNATION OF TRAN	SPORT	ER OF O	IL A	ND NA												
Name of Authorized Transporter of Oil		or Conde	nsate		1	Address (C	ive add	ess to wi	hich a	pproved	copy of this	form is	io be se	nt)		
MERIDIAN OIL INC.						3535 EAST 30TH STREET, FARMINGTON, NM 87401									31	
Vanie of Authorized Transporter of Casinghead Gas or Dry Gas						Address (Give address to which approved copy of this form is to be sent)  P.O. BOX 1492. EL PASO, TX 79978.										
EL PASO NATURAL GAS CO	MPANY   Unit	Soc.	Two			P.O. I			EL	PASO.		9978.				
it well produces on or inquies, give location of tanks.	1 0 444		1. "P	_i			,			L	- 					
If this production is commingled with that	from any o	ther lease or	pool,	give comm	ninglin	g order au	mber:									
IV. COMPLETION DATA	•		•			-										
Designate Type of Completion	- (X)	Oil Wel	<u> </u>	Gas We	u	New Wo	II Wo	rkover	l l	cepen	Plug Back	Same	Res'v	Dilf Re	5 V	
Date Spudded	Date Con	o Prod.	Prod.		Total Depth					P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay					Tubing Depth					
Perforations						L					Depth Casing Slice					
												·				
	TUBING, CASING AND					CEMENTING RECORD					EIII					
HOLE SIZE		CASING & TUBING SIZE					DEPTH SET OF					SACKS CEMENT				
						The life by					-					
							101 -031					390				
	TT FOR ALLOWABLE ecovery of total volume of load oil and must Dute of Test					MM AUGES					DIV.					
V. TEST DATA AND REQUE	ST FOR	ALLOW	ARL	E						400	1. <u>~</u>					
OIL WELL (Test must be after	recovery of	total volume	of loa	 d oil and	musi be	e equal so	or excee	ed top	Made	1	depit or be	for full	24 hou	rs.)		
Date First New Oil Rua To Tank	Date of T	l'est			F	Producing	Method	(Flow, p	шту, з	us lift, e	tc.)					
	ļ															
Length of Test	Tubing P	Tubing Pressure				Casing Pressure					Choke Size					
Actual Prod. During Test	Oil - Hols.				<del> </del> ,	Water - Bt	ds.				Gas- MCF					
Demai 1100: Parille 168	OH - 1101	-														
GAS WELL											•					
Actual Prod. Test - MCF/D	Leagth o	Test				Bbls. Cond	lensate/N	имсғ			Gravity of	Conden	sale			
										-						
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size						
											<u> </u>					
VI. OPERATOR CERTIFIC	CATEO	F COM	PLIA	NCE				001	۔۔۔	-D\ (	ATION	D (1)	יוכיר	NI		
I hereby certify that the rules and regulations of the Oil Conservation							UIL	COF	ICV		ATION			ЛN		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							AUG 2 3 1990									
is true and complete to the best of my	ritamicale	and penci.				Da	te Ap	prove	ed .							
14/1/1///					1				_		. ~/	)	/			
Signature										1	) &	m				
Signature Doug W. Whaley, Staff Admin, Supervisor							SUPERVISOR DISTRICT /3									
Printed Name			Title	•		Tit	le									
July 5, 1990		303=	:830= Icplion	-4280 e No.	-											
			-			1										

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.