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Appropriate District Office
DISTRICT |
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

Furm C-104 Revised 1-1-89 See Instructions

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

P.O. Box 2088

ICTRICT III		San	ua re, Ne	w Me	XICO 6/3	J4-200g			:			
ISTRICT III DU Rio Brazos Rd., Aziec, NM 87410	REQU	IEST FC	R ALLO	WAB	LE AND	AUTHORI	ZATION		. - •			
						TURAL G	AS	DI No.				
perator AMOCO PRODUCTION COMPANY						Well API No. 3004522						
AMOCO PRODUCTION COMPAN												
P.O. BOX 800, DENVER, C	OLORAD	0 8020	1			es (l'Iease expl	ais)			<u> </u>		
cason(s) for Filing (Check proper bax)		Change in 1	Transporter o	of:		it reare expe						
ccompletion	Oil		Dry Gas									
hange in Operator	Casinghea	d Gas	Condensate	<u>D</u>								
change of operator give name ad address of previous operator												
. DESCRIPTION OF WELL A	ND LE		D=-1 5 f	lest "			Vind :	V Lease		ase No.		
ease Name FLORANCE	_	Well No. 10A	Pool Name, BLANC		g Formation ESAVERD	E)		DERAL		78201		
ocation		1660			get		1100					
Unit Letter	:	1460	Feet From 7	The	r ə li	ne and	1100 Fe	et From The _	FEL	Line		
Section 30 Township	30	N	Range	9W	N	мрм,	SA	N JUAN		County		
II. DESIGNATION OF TRANS	ՏԻՕՌԴբ	R OF O	L AND N	√ATUF	RAL GAS							
lame of Authorized Transporter of Oil		or Couden	sate]	Address (Give address to which approved copy of this form is to be sent)							
MERIDIAN OIL INC.	head Gas or Dry Gas					EAST 30TI we address to w						
Name of Authorized Transporter of Casing SUNTERRA GAS GATHERING			9 13	80	P.O.	BOX 1899	BLOOME	IELD. NM				
f well produces oil or liquids, ive location of tanks.	Unit	Soc 1	,7~,. ' '	Rge.	le gas actua	lly connected?	When	7		 -		
this production is commingled with that f	rom any oti	ner leane or p	pool, give co	mmingli	ng order sur	nber:						
V. COMPLETION DATA			۔ نے آپ	<u> </u>		Workover	Deepen	Plug Back	Same Res'v	Diff Resv		
Designate Type of Completion -	· (X)	Oil Well	Gas'	44H	i trew Well	I Unzover		, . rug DANE				
Date Spudded		pl. Ready to	Prod.		Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gai	Pay		Tubing Dept	Tubing Depth				
				l			Derth C	Depth Casing Slice				
Perforations												
					CEMENT	ING RECO		-	040102.55			
HOLE SIZE			UBING SIZE		DEPTH SET			 	SACKS CEN	ENI		
	 											
V. TEST DATA AND REQUES	TFOR	ALLOW	ABLE		<u> </u>		,					
OIL WELL (Test must be after n	ecovery of	total volume	of load oil a	and must	be equal to	or exceed top a	Howable for th	s depth or be	for full 24 ho	ws.)		
Date First New Oil Rua To Tank	Date of T			_ _	Producing	Method (Flow.	pump, gas lift, 	esc.)				
Length of Test	Tubing Pressure				Casing F	FEGI	EIVE	Size				
					Water - W			MCF				
Actual Prod. During Test	Oil - Bbi	L		_	17 ale (100)	FEB2	5 1991					
GAS WELL	<u> </u>					חוו ככ	ות מנ	V				
Actual Prod. Test - MCT/D	Length of Test				Bbls. Cond	Bbis. Condement MMC DIST. 3 Casing Pressure (Shui-in)			Gravity of Condessate			
Testing Method (puot, back pr.)	Tubing P	Tubing Pressure (Shut-in)							Choke Size			
					l,			Д				
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIANC	CE		OIL CC)NSER\	/ATION	DIVISI	ON		
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 coraplete to the best of my	knowledge	and belief.			Da	ite Approv	ved	FEB 2	o 1991			
NUIDE						.,	-7		1	,		
Signature Doug W. Whaley, Staf		``			Ву	'	<u>_</u>	<u>~ ~ ~ ~</u>	Many.			
Doug W. Whaley, Staf	1 Admi:	n. Supe	rvisor Tide	——	Tit	ie	SUPE	RVISOR	DISTRIC	T /3		
February 8, 1991			-830-42		'"							
Date		10	ciephone No.		13							

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.

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 P.O, Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

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

000 Rio Brizos Rd., Aziec, NM 87410	REQUEST F		LE AND AUTHOR					
Operator AMOCO PRODUCTION COMP			Weil API No. 300452227800					
Address P.O. BOX 800, DENVER,	COLORADO 8020	01						
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change is	Transporter of: Dry Gas Condensate	Other (Please exp	Nain)		·		
f change of operator give name and address of previous operator					 -			
I. DESCRIPTION OF WELL			FRT. Coul					
FLORANCE	Well No. 10A		HTLAND (GAS)		Lease Federal or Fee	Lease No.		
Location I Unit Letter			FSL Line and	1100 Fo	et From The	FEL Line		
30 Section Towns	30N hip	Range 9W	, NMPM,	NMPM, SAN JUAN			County	
Name of Authorized Transporter of Oil MERIDIAN OIL INC. Name of Authorized Transporter of Cas EL PASO NATURAL GAS (If well produces oil or liquids, pive location of Lanks.	or Dry Gas Twp. Rgc.	Address (Give address to 3535 EAST 30TI	I STREET, which approved EL PASO					
f this production is commingled with th	at from any other lease o		ing order number:					
Designate Type of Completion	Oil We	II Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas Pay	Tubing Depta	 					
Perforations			<u> </u>		Depth Casing S	live		
	TUBINO	, CASING AND	CEMENTING RECO	ORD	REIV	Ell	\	
HOLE SIZE CASING & TUBING SIZE			DEPTH SE	1 (<u>a)</u> F	SACKS CHAPMI			
				UG2 3 1990				
				r	CON.	DIV		
V. TEST DATA AND REQU	EST FOR ALLOV	VABLE .	be equal to or exceed top	01	DIST.	3		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	e of load oil and mus	Producing Method (Flow	allowable for the pump, gas lift,	s de julitur b e jor etc.)	Juli 24 hou	(T.)	
					Choke Size			
Length of Test	Tubing Pressure		Casing Pressure					
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.		Gas- MCF			
GAS WELL			Inc. C. T.		Todalia	ulen ale		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCI	Gravity of Condensate				
l'esting Method (pitot, back pr.)	Tubing Pressure (Si	im-ju)	Casing Pressure (Shul-in	Clicke Size				
VI. OPERATOR CERTIF I hereby certify that the rules and re Division have been complied with is true and complete to the best of	egulations of the Oil Contact that the information (servation given above	OIL CO		ATION D		ON ———	
Signature	By But Chang							
Printed Name	aff Admin. Sup	ervisor Tille -830-4280	Title	SUPE	AVISOR DI	STRICT	/3	
July 5, 1990		clephone No.						

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