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Appropriate District Office
DISTRICT I
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

STRICT III DUU Rio Brazos Rd., Aziec, NM 87410	REQUE	ST FO	R ALI	LOWAB	LE /	AND A	UTHORI	ZATI	ON					
·	TO TRANSPORT OIL AND NA							NATURAL GAS Well API No.						
perator AMOCO PRODUCTION COMPANY							3004524674							
Address P.O. BOX 800, DENVER, C	OLORADO	80201	l		-	Orbor	(Please expl	aim)						
cason(s) for filing (Check proper box)		hange in 7		ter of:	P	/ Outra	(t. tsass expa	JUN,						
lew Well	Oil	~_	Dry Gas	11	/	1			,					
completion	Casinghead	_	Condens	/										
change in Operator change of operator give name ad address of previous operator														
	SCRIPTION OF WELL AND LEASE Well No. Pool Name, Including					Formation 1				Lease	Le	Lease No.		
GAGE LS		3	AZTEC (PICT						FEDERAL		290	29003563		
ocation E	:1	750	Feet Fre	om The	F	NL Line	and	1090	Fee	L From The _	FWL	Line		
Section 20 Township	30N		Range 10W			, NMPM, S			SAN	JUAN	County			
II. DESIGNATION OF TRANS	PORTER	OF O	LAN	D NATU	RAL	GAS		uhink -	nee med	copy of this f	orm is to be se	nd)		
Name of Authorized Transporter of Oil					1 2	2525 FAST 20TH STE			pproved copy of this form is so be sem) REFT, FARMINGTON, NM 87401					
MERIDIAN OIL INC.	head Gas	$\overline{\Box}$	or Dry Gas []			ddress (Give address to which			approved copy of this form is to be			ou)		
Name of Authorized Transporter of Casing EL PASO NATURAL GAS CO	MPANY					P.O. BOX 1492,					9978			
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp. I	Rgc 	. Is g	as actuall	y connected?		When					
f this production is commingled with that f	rom any other	er lease or	pool, gi	ve commin	gling c	order aum	ber:							
V. COMPLETION DATA								_,_,	Deepca	Plug Back	Same Res'v	Diff Res'v		
	. (X)	Oil Well	\ \ \ \	Gas Well	1 1	lew Well	Workover	Ι.			i	<u> </u>		
Designate Type of Completion	Date Comp	i. Ready is	Prod.		70	al Depth	J			P.B.T.D.		_		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						op Oil/Gas Pay Tub				Tubing De	ibing Depth			
Cicanom (2)					_1_	De					Depth Casing Since			
l'erforations							NIC DECC)BD		<u> </u>				
	7	UBING	, CAS	ING AN	D CE	CEMENTING RECORD DEPTH SET					SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE					<u>JEF III JE</u>								
					_									
					_ -									
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLI	E				-!!	ble for th	is death or b	e for full 24 h	ours.)		
OIL WELL (Test must be after	recovery of I	olal volum	e of load	d oil and m	BI be	roducing	Method (Flow	, punq	, gas lift.	etc.)	<u></u>			
Date First New Oil Rua To Tank	Date of To	e s			1	_								
Length of Test	Tubing Pressure					Casina Primale ()			MCF MCF					
Actual Prod. During Test	Oil - Bbis.				V	FEB2 5 1991,			MC MC	r 				
						-	או ככ	N	DΩ	4	76555			
GAS WELL Actual Proof Test - MCT/D	Leagth o	Test			7	bls. Con	EN LIVERING	ŠΤ.	3	Chavily C	Condensate			
Action Floor For						Casing Pressure (Shut-in)				Choke S	LE			
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)					Casing Present (offer in)								
VI. OPERATOR CERTIFICATE OF COMPLIANCE						OIL CONSERVATION DIVISION						ION		
at at the miles and regulations of the Oil Conservation						14								
I hereby certify that the rules and that the information given above Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date ApprovedFEB 2 5 1991								
S. J. Mly						By								
Signature Voug W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT /3								
February 8, 1991				-4280	-	''								
Date						U								

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
- 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.