Subnut 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 II P.O. Drawer DD, Anesia, NM 88210 DISTRICT III

1000 Rio Brizos Rd., Aziec, NM 87410	REQU	JEST FC	R AL	LOWAE	BLE AND	AUTHOR	IZATION				
l					AND NA		SAS	A PL No			
operator AMOCO PRODUCTION COMPANY						Well API No. 300451128100					
Address P.O. BOX 800, DENVER,	COLORAI	00 8020	1								
Reason(s) for Filing (Check proper box)			_		Oil	es (Please exp	olain)				
New Well Recompletion	0:1	Change in 1	Transpor Dry Gas	, , ,							
Recompletion	Oil Casinubea	id Gas 🔲 :	•	-							
If change of operator give name	Campica			<u> </u>							
and address of previous operator											
II. DESCRIPTION OF WELL	AND LE		D 1 1 1		· F		Visa	of Lanes		ease No.	
Lease Name HOLMBERG GAS COM		Weil No.	BLAN	ICO ME	ing Formation SAVERDE	(PRORATI	ED GA State,	of Lease Federal or Fe			
Location B	1	890	F . F		FNL		1650	Form The	FEL	Line	
Unit Letter	_ :		red ro	m The	UE	e and		set From The			
Section 28 Townsh	ip 321	N	Range	10W	, N	мрм,	SAI	JUAN		County	
III. DESIGNATION OF TRAI	NSPORTE	R OF OU	I. ANI) NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Condens	214		Address (Gi	re address to	which approved	copy of this	orm is to be se	nt)	
MERIDIAN_OIL_INC		phead Gas or Dry Gas X					H STREET				
Name of Authorized Transporter of Casin							which approved			nt)	
EL PASO NATURAL GAS C	OMPANY_	Sec.	Twp.	Rge.			, EL PAS		9978		
If well produces oil or liquids, give location of tanks.	Cite	, 	p.	, ^ge.	See accord	,	1				
If this production is commingled with that	from any ou	ner lease or p	ool, give	comming	ling order num	ber:					
IV. COMPLETION DATA		_,	,						lo 5 1	by a n	
Designate Type of Completion	ı - (X)	Oil Well	G	ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod.		Total Depth	l		P.B.T.D.	l	_1	
								_			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					<u> </u>			Depth Casing Shoe			
								'	_		
	7	TUBING,	CASIN	IG AND	CEMENTI	NG RECO	RD	.,			
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
					ļ			-			
~	_				·						
V. TEST DATA AND REQUE	ST FOR A	ALLOWA	BLE		1						
OIL WELL (Test must be after			of load o	il and musi			llonable for the pump, gas lift,		for full 24 hou	75.)	
Date First New Oil Run To Tank	Date of Te	:3			Producing W	realou (1.10w,	purip, gas igi,	.,			
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure			Choke Size		
		- <u></u>				MERRIUE			MCF		
Actual Prod. During Test	Oil - Bbls.				Water R	PAI		MCF			
	_1				U	1111	F 4000	₩			
GAS WELL Actual Prod. Test - MCF/D	Length of	Teu			Bhls, Conde	JUL npuc/MMCF	5 1990	Gravity of	Condensate		
Actual Prof. Test - NICIYO	Length of	Length of Year				OIL CON. DIV					
Testing Method (pitot, back pr.)	nd (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (S)			Choke Size			
					<u> </u>			<u></u>			
VI. OPERATOR CERTIFIC	CATE OF	COMP	LIAN	CE			NSERV	ΔΤΙΩΝ	DIVISIO	M	
I hereby certify that the rules and regulations of the Oil Conservation							NOERV	AHON	אוטועו) (4	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.							ad	Jut	5 1990	3	
11.1 111	. •				II Date	a Approv	#U		- 100		
L.H. Uhler					D		_	1	\mathcal{A}		
Signature Doug W. Whaley, Sta	aff Adai	n Suna	ruic	or	By_			ر سرد	- Cham	8	
Doug W. Whaley, Sta	III AUUI	n. supe	Title	UL.	Title	,	S	UPERVIS	OR DISTE	ICT 13	
June 25, 1990		303-8	30-4	280		·					

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.