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

State of New Me Energy, Minerals and Natural Re

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. Enawer DD, Ariesia, NM 88210 DISTRICT III 1000 Rio Brazus Rd., Azlec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

_	TC	TRANS	SPORT OIL	AND NA	URAL GA	AS				
)perator						Well	Pi No.			
Amoco Production Comp	3004511366									
Address 1670 Broadway, P. O.	Box 800.	Denver	. Colorad	80201						
Reason(s) for Filing (Check proper box)			,		t (Please expla	in)				
New Well	CI	hange in Tra	nsporter of:							
Recompletion	Oil									
Trange in Operator X			ndensate							
change of operator give name nd address of previous operator Ter	meco Oil	E & P,	6162 S.	Willow,	Englewoo	d, Color	ado 80	155		
I. DESCRIPTION OF WELL	AND LEAS	E								
Lease Name	1	1	ol Name, Includi	-				ł	ase No.	
BARNES LS	6	BL	ANCO (MES	AVERDE)		FEE		FEE		
Location A	. 990	_	et From The FN	I	and 990	E.	et From The	FEL	Line	
Unit Letter A	_ :	l'e	et From The	Lin	and	i'e	ettiom the			
Section 23 Towns	11 jp 32N	Ra	nge 11W	, NI	ир м,	SAN J	UAN		County	
	Neponten	OF OH	ABUS BLATTE	DAL CAC						
II. DESIGNATION OF TRA		Condensate		Address (Giv	e address to wi	hich approved	copy of this f	orm is to be se	nt)	
CONOCO	L. J		x _	P. O. BO	X 1429,	BLOOMFI	ELD, NM	87413		
Name of Authorized Transporter of Casi	nghead Gas	or	Dry Gas [X]	P. O. BOX 1429, BLOOMFIELD, NM 87413 Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS CO				1			TX 79978			
f well produces oil or liquids, ive location of tanks.	Unit S	∞. Tv	vp. Rge.	is gas actuali	y connected?	When	7			
this production is commingled with the	t from any other	lease or noo	L give comminul	ing order num	er:	l				
V. COMPLETION DATA	a nom my carer	rease or poo	4, 6, 40 octoon							
		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	I	,	<u> </u>	Total Depth	l	<u></u>	l		_L	
Date Spudded	Date Compl.	Date Compl. Ready to Prod.					P.B.T.D.			
levations (DF, RKB, RT, GR, etc.)	tions (DF, RKB, RT, GR, etc.) Name of Producing Formation				Pay		Tubing Depth			
Tradula (17), http://dx.com/				_						
'erforations							Depth Casin	ng Shoe		
			. 601.10 . 110	OF LENE	NO DECOR	· · · · · · · · · · · · · · · · · · ·	1			
		TUBING, CASING AND CASING & TUBING SIZE						SACKS CEMENT		
HOLE SIZE	UASII	NG & TUBI	NG SIZE	DEPTH SET			- Janua Gewent			
				J						
/. TEST DATA AND REQUI H. WELL — (Test must be after	EST FOR AL	LOWAB	LE			laurabla for thi	e danth oe ha	Cor Cult 24 hou	are i	
) II, WELL (Test must be after Date First New Oil Run To Tank	Date of Test	i volume of i	oaa on and musi		ethod (Flow, p			<i>joi jail</i> 27 ////		
Pate The Tree On Roll to Talk	Daile Of Tex									
Length of Test	Tubing Press	ure		Casing Pressure			Choke Size			
							Gas- MCF			
Actual Prod. During Test	Test Oil - Bbls.		Water - Bbls	•		Journal Inch				
				l			.1			
GAS WELL				This Cont.	rate/MACC		T(havily of	Condensate		
Actual Prod Test - MCF/D	Length of Te	-ot		Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pilot, back pr.)	pilot, back pr.) Tubing Pressure (Shut in))	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFI	CATE OF (COMPL	IANCE		OII 001	UCE DV	ATION	DIVICIO	NI	
I hereby certify that the rules and reg				1	OIL COI	12FHA	AHON	וסואוטו	אוכ	
Division have been complied with an is true and complete to the best of m			above			. Ma	V 02 10	on		
A true and complete to the second	, montesge and	*******		Date	Approve	ed m A	Y 08 19	84		
(1. L Hamotan					_	3 - 15	\mathcal{A}_{-}	/		
Signature	The Contract of the Contract o			∥ By_		·	July	~		
J. L. Hampton	Sr. Staff	_Admin ₌	Suprv			UPERVIS:	ION DIS	er+ct # 3	5	
Printed Name Janaury 16, 1989			0-5025	Title						
Date		Teleph	one 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.
- 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

DISTRICT II

OIL CONSERVATION DIVISION

P.O. B6x 2088

DISTRICT III	S	anta Fe, New N	1exico 8750	4-2088						
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST F	OR ALLOWA	BLE AND	AUTHORI	ZATION					
ī.		ANSPORT O								
Operator AMOCO PRODUCTION COMPA			Well A	PI No. 451136600						
Address P.O. BOX 800, DENVER,	COLORADO 802	201		,						
Reason(s) for Filing (Check proper box)			Out	er (Please expl	zin)	·				
New Well		in Transporter of:								
Recompletion []	Oil X Casinghead Gas [Ory Gas U								
If change of operator give name and address of previous operator	Castiginad Gas [7 00000000			·····					
II. DESCRIPTION OF WELL	AND LEASE									
BARNES LS	Well No. Pool Name,		ding Formation ESAVERDE	(PRORATEI		of Lease Federal or Fee	Lease No.			
Location A	990		FNL	99			FEL			
Unit Letter	-	Feet From The _	Lin	e and	Fe	et From The	100	Line		
Section 23 Townshi	32N P	Range 11V	, NI	мрм,	SAN	JUAN		County		
III. DESIGNATION OF TRAN										
Name of Authorized Transporter of Oil	or Coud	Casale	i	Address (Give address to which approved copy of this form is to be sent)						
MERIDIAN OIL INC. Name of Authorized Transporter of Casing	ghead Gas	or Dry Gas		3535 EAST 30TH STREET, FARMINGTON, NM 874 Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS CO						D. TX 79978				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rg	e. Is gas actuall	y connected?	When	7				
If this production is commingled with that IV. COMPLETION DATA	from any other lease of	or pool, give commin	gling order aum	ber:						
Dusingste Time of Convilation	Oil W	ell Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion Date Spudded	Date Compl. Ready	to Prod.	Total Depth	.	<u> </u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>					Depth Casing	Slive			
	TUDIN	CASING ANI	CEMENT	NC PECOP	ים					
HOLE SIZE	TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT				
HOLE SIZE	G/ISING S		WECE			VEIN				
				0/ = 0 = -						
				_nn	UG2 3 19	90				
V. TEST DATA AND REQUE	ST FOR ALLOV	VABLE				- 1				
OIL WELL (Test must be after t	ST FOR ALLOY	ne of load oil and mu	usi be equal to oi	excee (1)	CON.	s April V be fo	or full 24 hou	rs.)		
Date First New Oil Run To Tank	Date of Test		Producing M	ethod (Flow, p	um DIST!	9 :0				
Length of Test	Tubing Pressure		Casing Press	Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls	Water - Bbis.			Gas- MCF			
GAS WELL			_1		· · ·					
Actual Prod. Test - MCI/D	Length of Test		Bbls. Conder	Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Si	uul-in)	Casing Press	Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF COM	1PLIANCE		011 00:	10551	ATION:				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION AUG 2 3 1990						
is true and complete to the best of my	knowledge and belief.	•	Date	Approve		\sim				
Signature Signature	Ву_	By SUPERVISOR DISTRICT #3								
Signature Doug W. Whaley, Staf Printed Name	Title		JPERVIS(JR DISTR	CT #3					
July 5, 1990	303	=830=4280 'clephone No.								

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