Submit 5 Cupies
Appropriate District Office
DISTRICT!
P.O. Box 1980, Ilabbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Furm 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, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

•		10 In	ANOF	ONI OI	T VIAD IAV	OTTAL OF	· ·	BUSIC				
Operator AMOCO PRODUCTION COMPANY								Well API No. 3004511403				
P.O. BOX 800, DENVER,		DO 8020)1									
Reason(s) for Filing (Check proper bax)	0020141				Othe	x (Please expla	iút)					
New Well		Change in	Transp	orter of:						i i		
Recompletion	Oil		Dry C	11						ļ		
Change in Operator	Casinghe		Cond									
change of operator give name												
ad address of previous operator I. DESCRIPTION OF WELL	AND LE	ASE					· · · · · · · · · · · · · · · · · · ·					
Lease Name		Well No.	Pool	Name, Includ	ling Formation	ng Formation IESAVERDE)		Kind of Lease FEE		Lease No. FEE		
DECKER LS		1	B	LANCO (MESAVERDI							
Location M		1014	Para 1	From The _	FSL	e and	959 _{Fe}	et From The	FWL	Line		
Unit Letter	- :		_ 140.	LION THE _								
Section 17 Township	3.	2N	Rang	10	W , NI	ирм,	SA	N JUAN		County		
II. DESIGNATION OF TRAN	SPORT	ER OF O	IL A	ND NATU	JRAL GAS							
Name of Authorized Transporter of Oil							Address (Give address to which approved copy of the form a section)					
MERIDIAN OIL INC.						3535 EAST 30TH STREET, FARMINGTON, NM 8740 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casing EL PASO NATURAL GAS CO	chead Gas OMPANY		or Di	y Gas 📋				copy of this form		w)		
	Unit	Soc.	Twp	Rus	. Is gas actuall			When?				
If well produces oil or liquids, eve location of tanks.	t Cart	i	 	"•		•						
f this production is commingled with that	from any o	ther lease of	r pool, s	eive commin	gling order num	ber:						
V. COMPLETION DATA	, -				• •	·						
Designate Type of Completion	- (X)	Oil We	n [Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
		nol. Ready	to Prod		Total Depth	1		P.B.T.D.				
Date Spudded Date Compl. Ready to Prod.					Top Oil/Gas	Pav		Tubing Depth				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					107	,		. was				
	<u> </u>							Depth Casing	Slice			
Perforations						_						
		TUBINO	, CA	SING AN	CEMENTI	NG RECOR	SD					
HOLE SIZE	C	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
HOLE SILE	-											
	1											
												
	1											
V. TEST DATA AND REQUE	ST FOR	ALLOV	VABL	E	•							
OIL WELL (Test must be after	recovery of	total volum	e of loc	ed oil and me	usi be equal to o	r exceed top al	lowable for th	is depth or be fo	r full 24 hos	ers.)		
Date First New Oil Run To Tank	Date of				Producing N	fethod (Flow, p	oump, gas lift,	eic.)				
						PAP	1 14 P	Called Cine				
Length of Test	Tubing	Pressure			Cuin	26 t	IVE	Charle Size				
	-				IN			MCF				
Actual Prod. During Test	Oil - Bb	is.		-	Water Mi	FEB25	1001	- MCF				
	<u> </u>					ILDA	1331					
GAS WELL			-		0	IL CON	A DIA					
AS WELL citizal Front Test - MCTVD Length of Test					Bbls. Cond	Rbls. Condensac/MMCF		Gravity of Condensate				
7,000						DIST	. J			· · · · · · · · · · · · · · · · · · ·		
Testing Method (puot, back pr.)	Tubing	Pressure (SI	iul·ia)		Casing Pres	sure (Shut-in)		Choke Size				
hamilton Manual Santa Santa	1											
VI. OPERATOR CERTIFIC	TATE	DE CON	API I	ANCE				/ATIALI	N/1014	⊃NI		
VI. OPERATOR CERTIFIC	JAIE C	Dr. COM	tomalic	n 102	11	OIL CO	NSERV	ATION [אפועוכ)N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						FEB 2 5 1991						
is true and complete to the best of my knowledge and belief.					Dat							
19 HIPE WITH COMPLETE TO BUT OF HIS AND HOUSE WAS A SHOWN						Date Approved						
NII Wha						Buch) Chang						
W. D. Darry					- By	By						
Signature Doug W. Whaley, Staff Admin. Supervisor					-	SUPERVISOR DISTRICT #3						
Printed Name			Tit	le	Titl	e						
February 8, 1991		303	-830	-4280	- 11							
Date		ו	l'elepho	n¢ IVO.	N1							

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.