Submit 5 Copies
Appropriate District Office
DISTRICT!
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/

DISTRICT II P.O. Drawer DD, Anesia, NM 88210	P.O. Bo Santa Fe, New Me	x 2088/ xico 87504-2088	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWAB	LE AND AUTHORIZATION	
I.	TO TRANSPORT OIL	AND NATURAL GAS	ADI NA
Operator AMOCO PRODUCTION COMPA	NY	t t	API No. 0452074800
P.O. BOX 800, DENVER,	COLORADO 80201		
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)	
Recompletion	Oil Dry Gas		
Change in Operator	Casinghead Gas Condensate		
If change of operator give name and address of previous operator			
II. DESCRIPTION OF WELL	AND LEASE Well No. Pool Name, Including	ng Furgration King	t of Lease No.
CASE LS			, Federal or Fee
Location M Unit Letter	:Feet From The	FSL 850	Feet From TheLine
5 Section Township	31N Range 11W	, NMPM, SA	N JUAN County
	SPORTER OF OIL AND NATU	RAL GAS	
Name of Authorized Transporter of Oil	or Condensate	Addiess (Give address to which approv	ed copy of this form is to be sent)
MERIDIAN OIL INC.	ghead Gas or Dry Gas	3535 EAST 30TH STREET Address (Give address to which approve	FARMINGTON, NM 87401
Name of Authorized Transporter of Casing EL PASO NATURAL GAS CO		P.O. BOX 1492 EL PAS	
If well produces oil or liquids,	Unit Soc. Twp. Rge.	ls gas actually connected? Wh	
give location of tanks.			
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA			
Designate Type of Completion	- (X) Oil Well Gas Well	New Well Workover Deepen	<u>i i i i i i i i i i i i i i i i i i i </u>
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations Perforations			
	TUBING, CASING AND	CEMENTIND E DED	
HOLE SIZE	CASING & TUBING SIZE	WTH SET 0 10	SACKS CEMENT
		AUG2 3 19	330
		OIL CON	· DIA·
		DIST.	3
V. TEST DATA AND REQUES	ST FOR ALLOWABLE	the second to an allowable for	this death or he for full 24 hours
OIL WELL (Test must be after to Date First New Oil Run To Tank	recovery of total volume of load oil and must Dute of Test	Producing Method (Flow, pump, gas ly	i, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbis.	Water - Bbls.	Gas- MCF
O LO WICH !			
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI ODED ATOD CEDTICIO	CATE OF COMPLIANCE		
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation		OIL CONSERVATION DIVISION	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		AUG 2 3 1990	
19 Her and challen of the peak of the property of		Date Approved	
L.H. Whley		By Bis Chang	
Signature Doug W. Whaley, Staff Admin. Supervisor		SUPERVISOR DISTRICT #3	
Printed Name Title		Title	The state of the s
July 5, 1990	303=830=4280 Telephone No.		
		II.	

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.