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Appropriate District Office
DISTRICT 1
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 Form C-104 Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

000 Rio Brazos Rd., Aztec, NM 87410				LE AND AUTH						
. TO TRANSPORT OIL AND NATURAL GAS							Well API No.			
AMOCO PRODUCTION COMPA		300452373900								
Address P.O. BOX 800, DENVER,	COLORADO 802	201								
Reason(s) for Filing (Check proper box)	COLORADO GOZ	.01		Other (Plea	se explain)				
New Well	- eri	in Transporter	of:							
Recompletion L	<i>-</i>	Dry Gas Condensate	Н							
Change in Operator L If change of operator give name	Casinghead Gas	Concumie	<u> </u>							
and address of previous operator										
II. DESCRIPTION OF WELL	AND LEASE Well No	Pool Name	Includia	ng Formation		Kind (d Lease		ase No.	
NEWBERRY LS	4A	BLANCO	MES	AVERDE (PROR	ATED					
Location	885		_	FNL .	180	0 r.		FWL	1:	
Unit Letter	. 1	Peet From 1		Line and			et From The.		Line	
Section 9 Township	P31N	Range	12W	, NMPM,		SAN	JUAN		County	
III. DESIGNATION OF TRAN	SPORTER OF	OIL AND N	(ATU	RAL GAS						
Name of Authorized Transporter of Oil	or Coud]	Address (Give addre	ss to whic	h approved	copy of this f	orm is to be se	nt)	
MERIDIAN OIL INC.	3535 EAST 30TH STREET FARMINGTON NM 87401 Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casing EL PASO NATURAL GAS CON		or Dry Gas	لـــا	I					· - /	
If well produces oil or liquids,	Unit Sec.	Twp	Rge.	P.O. BOX 14 is gas actually conno	aest t	When	ን ^{፣ለ}	970		
give location of tanks.	<u> </u>									
If this production is commingled with that in IV. COMPLETION DATA	from any other lease o	or pool, give co	anun ng i	ing order number:						
T. COM ELITON DATA	Oil W	ell Gas '	Well	New Well Work	over	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		İ						<u> </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			
							Depth Casing Shoe			
Perforations							Dejan Cash	ag salone		
	TUBING	G, CASING	AND	CEMENTING R	ECORD)		<u></u>		
HOLE SIZE	CASING &	TUBING SIZE		DEPT	HSET	: RE	IAF	SACKS CEM	ENT	
					lK)-a		-	-W		
					nn -	AUG2	3 1990			
	77 FOR 111 OI	VADLE				HUU-	N. D!	/		
V. TEST DATA AND REQUES OIL WELL (Test must be after t	TEOR ALLUY	V ABLE. ne of load oil a	nd musi	be equal to or exceed	LUP D		edepartur be	- for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (I	low, pun	φ, gas lyi;	ie j	•	;	
1 4 67 4	Table Berein			Casing Pressure			Choke Size			
Length of Test	Tubing Pressure	Tubing Pressure								
ual Prod. During Test Oil - Ibbls.			Water - Bbls.			Gas- MCF				
CACAMELI	1			l			.1			
GAS WELL Actual Prod. Test - MCI/D	Leagth of Test		٠ا	Bbls. Condensate/M	мСF		Gravity of	Condensale		
	Prince position of the second			6 (6)			Choke Size			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Clinte Site			
VI. OPERATOR CERTIFIC	ATE OF COM	1PLIANC	E			orn.	ATION	DIVICIO		
I hereby certify that the rules and regulations of the Oil Conservation				OIL	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						
11.1 111				Date App)PVOVE	1				
LIP. Uhley				Ву	_	7 .	d	_/		
Signature Doug W. Whaley, Staff	f Admin. Sup	ervisor		"						
Printed Name	-	Title		Title	s	UPERV	SOR DIS	TRICT #	3	
July 5, 1990	303	=830=428	0							

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.