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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III

Energy, Minerals and Natural Resources Department professional

State of New Mexico

OIL CONSERVATION DIVISION

P.O.Box 2088

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

Operator		Attention		Well API No.
Amoco Production Compan	У	J	lulie L. Acevedo	3004525381
Address				
P.O. Box 800	Denver	Colorado	80201	
Reason(s) for Filing (Check pro	oper box)		Other (Please e.	xplain)
New Well		Change in Transporter of:		
Recompletion X	Oil	Dry Gas		
Change in Operator	Casingl	nead Gas Condensate		

Amoco Production Company		Julie L. Acevedo 3004525381								
Address P.O. Box 800 Denv	0.1	1	00004							
P.O. Box 800 Denv Reason(s) for Filing (Check proper box)		0	80201							
New Well	Change in Tran	enorter of	Othe	r (Please explai	n)					
Recompletion X		Gas								
Change in Operator	. ش	ndensate								
_ <u></u>	Cashighead Gas Col	idelisate ()								
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LEASE									
Lease Name	1 1	l Name, Includ	_	Kind of State.	ind of Lease No. ate, Federal or Fee Lease No.					
Mudge Com B Location	2E	Bla	nco Mesavero	State,	Fed. SF-078051					
1	4050 -		المديدة المديدة	601	-		147 .			
Unit Letter	1350 Feet	From The	South Line s	and685	Fe-	et From The	West	Line		
Section 14 Township	p 31N Rang	ge 11W	,NMI	РМ,		San Jua	n	County		
III. DESIGNATION OF TRAN	SPORTER OF OIL	AND NATH	RAL GAS							
Name of Authorized Transporter of Oil	or Condensate		T	address to which	ch approved	copy of this	form is to be s	ent)		
		LJ						ĺ		
Name of Authorized Transporter of Casi	nghead Gas or D	ry Gas		address to which	,					
EC Paso Matural	13a2 38,11	67/	P.O. B	60 x 4 99C	tum	gton; V	lew marc	ec 8749		
If well produces oil or liquids, give location of tanks.	Unit Sec. Tw	p. Rge. 	Is gas actually	connected?	When?					
If this production is commingled with tha	it from any other lease or po	ool, give comm	ingling order nu	ımber:						
IV. COMPLETION DATA	28/1	678	1			1				
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Pro		Total Depth	<u> </u>		P.B.T.D.	Ĺ	<u> </u>		
05-28-82	, 07-28-93		Tomi Dopui	7105'KB		1.5.1.5.	7093'KB			
Elevations (DF,RKB,RT,GR,etc.)	Name of Producing Forma	tion	Top Oil/Gas P			Tubing Dept				
5865'KB	Blanco Mesave	erde		4129'		6985'				
Perforations 41	129'-4869' 12 ()		1.			Depth Casing	g Shoe			
·		mesan								
	TUBING, CA				D	1				
HOLE SIZE	CASING & TUBIN	NG SIZE	 	DEPTH SET		SACKS CEMENT				
12.250 8 3/4"	9 5/8"		328'K8 4725'K8			285sx CL B 1st: 150sx CL B, 2nd: 110sx				
0 3/4		2 1/16*				CI B, 100sx CL B				
		1 1/2"	6986' 4511'			CIB, 100sx CE B				
V. TEST DATA AND REQUES OIL WELL (Test must be after r Date First New Oil Run To Tank	ST FOR ALLOWABI recovery of total volume of lo Date of Test		Producing Me	thod (Flow, pun		etc.)		8 .		
Length of Test	Tubing Pressure		Casing Pressur	ге		Choke Size AUG1 01993				
Actual Prod. During Test	Water - Bbls.	:		Gas - OIL CON. DIV.						
GAS WELL	<u></u>		<u> </u>	w			DIST	*		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condens	ate/MMCF		Gravity of C	'ondensate			
500	24		Doing Control	0		0				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressur	re (Shut-in)		Choke Size					
Flowing	300			400		1	1/2"			
VI. OPERATOR CERTIFICAT	TE OF COMPLIANC	E	_				D.). // C : -			
I hereby certify that the rules and	-	0	IL CON	SERVA			N			
Conservation Division have been of information given above is true an	•				ALIC 1	0 1993				
	To the best of	ıı ıııy	Date	Approve	ed	AUG 1	0 1770			
Signature Cheir le	•		D.			m	auce.			
Julie L. Acevedo	Sr. Staff	Assistant	By	ORIGINAL	SIGNED	BY ERNIE	JUSCH			
Printed Name	Title		Title	DEPUTY OF	L & GAS	NSPECTOR,	DIST. #3			
Date	Telephone	No.				· · · · · · · · · · · · · · · · · · ·	(D)			

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 proceedings with Rule 111 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 4) changes.

Submut 5 Copies
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-1-

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

			IO IHA	MSP	JHT OI	LAND	NAIL	JHAL G	IAS		<u>'</u>				
AMOCO PRODUCTION COMPANY							Weil API No. 3004525381								
Address									1	300	132330				
P.O. BOX 800		COLORAD	0 8020	1		•	Other	(Please exp	dain)						
teason(s) for Filing <i>(Chi</i> lew Well	(CK proper bak)		Change in	Transpo	rter of:	- ₩ _	Culici (t ieme evt	ALIN)					ļ	
Recompletion	ă –	Oil		•)				1	
Change in Operator	Ħ		iGai ☐				`			,					
change of operator give	name	C	<u> </u>												
nd address of previous o I. DESCRIPTION	•	AND LEA	SE												
case Name	(OI ((1),DD	1110 00	Well No.	Pool Na	me, laciud	ling Forma	Lion			Kind of	Lease		Lea	se Na	
MUDGE COM B			2E	BAS	IN (DA	(KOTA				FED	ERAL		SF07	8051	
ocation	L		1350			FSL			685	_			FWL		
Unit Letter		- :		Feet Fro	om The		Line a	M	005	Feel	From The	·	LML	Line	
Section	14 Township	311	N	Range	111	1	, NMP	М,		SAN	JUAN			County	
II. DESIGNATIO	N OF TRAN	SPARTE	R OF O	II. ANI	D NATI	IRAL G	AS								
lame of Authorized Tra	nsporter of Oil		or Conden					ddress to	which aj	proved c	opy of this	form is to	be sen	,	
MERIDIAN OIL			8116	81				ST 30T							
Name of Authorized Tra EL PASO NATU				or Dry	Ş**,	1		ddress to i		•				,	
well produces oil or lie		Unit 1	Soc.	<u>) / ပ</u> [Twp.	Rge			X 1492 connected?		PASU When 7		79978			
ve location of tanks.	,,	<u> </u>		i	<u>i </u>										
this production is comm					e comming	ling order	number	:							
v. completio	N DATA		I Oil Well		ias Well	New \	V-11 1 V	Workover	l D	epen	Plue "	Same F	es'v	Diff Res'v	
Designate Type of	f Completion	- (X)	lou wen	-	ALS WELL	'**	1	· · · · · · · · · · · · · · · · · · ·	i ~	~p~= 1	• 1				
Date Spudded		Date Comp	d. Ready to	Prod.		Total De	pth				,				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						7-			Ás (, p- 4, -	r"				
'erforations									U.S.		1 2				
											- '				
		7	UBING,	CASI	NG AND	CEM			!						
HOLE SI	ZE	CA	SING & TU	JBING S	SIZE			(11)			بالمناي		EME	NT	
		ļ				+			٠,	تستغین	4-2	4			
		_					_				1 .4				
						<u> </u>									
TEST DATA A	ND REQUES ust must be after t	ST FOR A	LLOW	ABLE	oil and mu	It he enual	to or es	ceed ton a	llowable	e for this	depth or b	e for full i	4 hows	t.)	
Onte First New Oil Rua		Date of Te		<i>b</i> , 1004 (JAS GALL MAL			od (Flow,							
ength of Test		Tubing Pre				Cusing	Per Bauge	U # 1	80 R	7 (3)	Choke Siz	<u></u>		 .	
Lingui or rea		Tubing 11				1127			8 8			,			
Actual Prod. During Tes	i	Oil - Bblr			-	MAT.	EFF Bblr	32.5.19	191	W	Gas- MCI				
GAS WELL		<u> </u>				.~									
Actual Prod. Test - MCI	7D	Leagth of	Test			выд		OW		7	Gravity of	Condens	ale		
		The Day Day	ssure (Sliu			Cating	Pressin	<u> </u>	3		Choke Si	/£			
esting Method (paot, bo	ick pr.)	ruoing ra	one (one	ш,										· ·	
VI. OPERATOR	CERTIFIC	ATE OF	COMI	PLIAN	NCE		\circ	IL CO	NICE	ERV/	AOITA	יעום ו	SIO	N	
I hereby certify that i Division have been o	he rules and regul	ations of the	Oil Conse	rvation en above		-	O		11401		11101			• •	
is true and complete						r)ate	Approv	/ed		FEB 2	5 199	1_		
11/1	100					-	uio i	יייוקקיי							
27.12.	Mly		 			E	Ву			3	<u>ب</u>	L.	1		
Signature Doug W. Wha	ley, Staf	f Admin	<u>. Supe</u>	rviso	r		•		•	HPEN	MEAR	DICT	3		
Printed Name February 8				Title		1	itle_			JEH	VISOR	DISTE	UCT	# 3	
Date Date	, +			830-4 cphone 1											

- 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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.