County of Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II

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 2008

Santa Fe, New Mexico 87504-2088

DISTRICT III

P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazus Rd., Aziec, NM 87410	HEQUEST F		BLE AND AUTH		N			
1. TO TRANSPORT OIL AND NATÚRAL GAS Operator AMOCO PRODUCTION COMPANY					Well API No. 300452588300			
Address P.O. BOX 800, DENVER,		01	 ·	I				
Reason(s) for Filing (Check proper box)	COLORADO 602	.01	Other (Please	e explain)				
New Well Recompletion	Change Oil	in Transporter of: Dry Gas						
Change in Operator	Casinghead Gas	Condensate X						
and address of previous operator								
II. DESCRIPTION OF WELL	Well No		ing Formation		Kind of Lease	Lea	ise No.	
SCHNEIDER GAS COM C	<u>I</u>	BASIN DAK	OTA (PRORATED	GAS)	State, Federal of Fee	l		
Unit Letter	:	_ Feet From The _	FSL Line and	1190	_ Feet From The	FWL	Line	
Section 28 Towns	nip 32N	Range 10W	, NMPM,		SAN JUAN		County	
III. DESIGNATION OF TRA	NSPORTER OF C	OIL AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)							
MERIDIAN OIL INC. Name of Authorized Transporter of Casi	3535 EAST 30TH STREET, FARMINGTON, CO 87401 Address (Give address to which approved copy of this form is to be sent)							
EL PASO NATURAL GAS COMPANY If well produces oil or liquids, Unit Sec. Twp.			P.O. BOX 14		ASO, TX 799 Vhen?	78		
give location of tanks.		I April Age.	le gas actually counted					
If this production is commingled with the IV. COMPLETION DATA	t from any other lease o	r pool, give comming	ling order number:					
	Oil We	II Gas Well	New Well Worko	ver Deep	en Plug Back Sar	ne Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl. Ready	to Prod.	Total Depth		P.B.T.D.		ł	
Chargings (DE DVD DE CD atc.)	Nume of Producing	Formation	Top Oil/Gas Pay		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								
Perforations					Depth Casing SI	юе		
	TUBING	, CASING AND	CEMENTING RE	CORD				
HOLE SIZE CASING & TU		UBING SIZE	DEPTH	DEPTH SET		KS CEME	NT	
V. TEST DATA AND REQUE OIL WELL (Test must be after			be equal to or exceed to	on allowable fo	or this death or be for l	uli 24 hours	.)	
Date First New Oil Run To Tank	Date of Test	t of load on the man	Producing Method (Fla				<u></u> -	
Length of Test	Tubing Pressure		Casing Pressure		BEFSEV	CETVEN		
Actual Prod. During Test	Oil - Bbis.		Water - Bbls.	 K	Gas- MCF	— ⋓		
		· · · · · · · · · · · · · · · · · · ·			JUL 2 1990	<u> </u>		
GAS WELL Actual Frod. Test - MCF/D	Length of Test		Bbis. Condensate/MM	cr O	IL CONCE	11 1/- -		
	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		DIST. 3 Choke Size			
Testing Method (pitot, back pr.)	r norm / resourc (mine.m)							
VI. OPERATOR CERTIFIC			OIL C	ONSE	RVATION DI	VISIO	N	
I hereby certify that the rules and regu- Division have been complied with an	յսլ 2 1990							
is true and complete to the best of my	knowledge and belief.		Date Appr			,		
L. H. Whley	Ву	By But Chang						
Signature Doug W. Whaley, Sta	5,	SUPERV	ISOR DISTRICT	13				
Printed Name <u>June 25, 1990</u>	303-	Tale -830-4280	Title					
Date	Te	lephone No.	H					

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.