Subnut 5 Copies
Appropriate District Office
DISTRICT 1 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

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

Name of Authorized Transporter of Oil

Name of Authorized Transporter of Casinghead Gas

EL PASO NATURAL GAS COMPANY

MERIDIAN OIL INC.

If well produces oil or liquids, give location of tanks.

l'esting Method (pitot, back pr.)

W.

June 25, 1990

Signature Doug

Printed Name

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico, 87504-2088

DIGITAL MI	Santa re, New M	exico 6/304-2000		
DISTRICT III 1000 Rio Braus Rd., Aziec, NM 87410 REQU	EST FOR ALLOWA	BLE AND AUTHORIZATI	ON	
I.	TO TRANSPORT OIL	AND NATURAL GAS		
Operator AMOCO PRODUCTION COMPANY	/		Well API No. 300452588400	
Address P.O. BOX 800, DENVER, COLORAI	00 80201			
Reason(s) for Filing (Check proper box)		Other (Please explain)		
New Well	Change in Transporter of:			
Recompletion Oil	Dry Gas			
Change in Operator Casinghea	d Gas Condensale X			
If change of operator give name and address of previous operator				
II. DESCRIPTION OF WELL AND LE	ASF.			
Lease Name JAQUEZ GAS COM F	Well No. Pool Name, Include	ting Formation OTA (PRORATED GAS)	Kind of Lease State, Federal on Fee	Lease No.
Location	l			77.77
Unit Letter::	1120 Feet From The	FNL Line and1450	Feet From The	FWL Line
Section 34 Township 32	N Range 10V	, NMPM,	SAN JUAN	County
SCLUOII IOMINATE				

Address (Give address to which approved copy of this form is to be sent)

When ?

P.O. BOX 1492, EL PASO, TX 79978

Is gas actually connected?

3535 FAST 30TH STREET, FARMINGTON, CO 87401
Address (Give address to which approved copy of this form is to be sens)

OIL CONSERVATION DIVISION

SUPERVISOR DISTRICT #3

IV. COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completio	n - (X)	i	.l	1	l	<u> </u>	l	J	_l	
Date Spudded	Date Comp	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe		
CHOISIONS										
	7	UBING, C	ASING AND	CEMENTI	NG RECOR	<u></u>				
HOLE SIZE		SING & TUB			DEPTH SET			SACKS CEM	ENT	
			 	-		 	 			
				-						
V. TEST DATA AND REQU	EST FOR A	ALLOWAI	SLE Tank oil and my	Ist be equal to o	exceed top all	owable for th	is depth or be	for full 24 hor	urs.)	
OIL WELL (Test must be after Dute First New Oil Run To Tank		Date of Test			ust be equal to or exceed top allowable for this depth or be for full 24 hours) Producing Method (Flow, pump, gas lyl, etc.)					
Date First New Oil Run 10 Taux	Date of 16	.34								
Length of Test	Tubing Pr	essure		Casing Press	ure		Got S	VE	Ď	
Actual Prod. During Test	Oil - Bbls			Water - Bbli		1/7	Gas- MCF	990		
L				_1			 	330-		
GAS WELL	Length of	7-1		Bbls, Conde	nsate/MMCF	- OIL	CON	California California		
Actual Prod. Test - MCI/D	Lengui or	1694			••	.0.10	DIST.			
	Tubing P	essure (Shul-i	n)	Casing Pres	ure (Shut-in)		Choke Siz	c		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Admin.

Tubing Pressure (Shut in)

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

is true and complete to the best of my knowledge and belief.

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Unit

or Condensate

 \Box

or Dry Gas 💢

Twp.

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Supervisor

Title

- 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.