Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
AMOCO PRODUCTION COMPANY	30-045-29521

Address
P.O. BOX 800, DENVER, COLORADO 80201

Reason(s) for Filing (Check proper box)

New Well ☐
Recompletion ☐
Change in Operator ☐

Change in Transporter of:
Oil ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

☒ Other (Please explain)
Name Change to Case C #1 (formerly Case B #1).

If change of operator give name
and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Case C	#1	Basin Fruitland Coal Gas	Fed	SF 078095

Location

Unit Letter __N__ : __1250'__ Feet From The __S__ Line and __1370'__ Feet From The __W__ Line

Section __17__ Township __31N__ Range __11W__ , NMPM, __San Juan__ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

87401

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
Meridian Oil Inc.	3535 30th St. Farmington, NM
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
El Paso Nat. Gas	P.O. Box 4090, Farmington, NM 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

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	Plug Back	Same Res'v	Diff Res'v
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						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift,	Choke Size
Length of Test	Tubing Pressure	Casing Pressure	Gas- MCF
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	

RECEIVED
JAN 27 1992
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

Signature: Doug Whaley / Jen
Printed Name: Doug W. Whaley, Staff Admin. Supervisor
Title
Date: 1/22/92
Telephone No.: 303-830-4280

OIL CONSERVATION DIVISION

Date Approved ___JAN 27 1992___

By ___Frank J. Chavez___

Title ___SUPERVISOR DISTRICT # 3___

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.