

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator AMOCO PRODUCTION COMPANY Well API No. 30-045-27754
Address P.O. BOX 800, DENVER, COLORADO 80201
Reason(s) for Filing (Check proper box) ☒ New Well ☐ Recompletion ☐ Change in Operator ☒ Other (Please explain) In addition, we also have a condensate transporter.
Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casinghead Gas ☐ Condensate
If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE
Lease Name: Riddle Gas Com Well No. 1 Pool Name, including Formation: Basin Fruitland Coal Kind of Lease: Fed Lease No.: SF-078319A
Location: Unit Letter: G : 2380' Feet From The N Line and 1370' Feet From The E Line
Section: 30 Township: 31N Range: 9W NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil or Condensate: Meridian Oil Inc. Address (Give address to which approved copy of this form is to be sent): 3535 E 30th St, Farmington, NM 87401
Name of Authorized Transporter of Casinghead Gas or Dry Gas: Amoco Production Co Address (Give address to which approved copy of this form is to be sent): P.O. Box 800, Denver, Co 80201
If well produces oil or liquids, give location of tanks. Unit Soc. Twp. Rge. Is gas actually connected? When?

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, etc.)
Length of Test Tubing Pressure Casing Pressure Choke Size
Actual Prod. During Test Oil - bbls. Water - bbls. Gas - MCF
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
Doug W. Whaley, Staff Admin. Supervisor
Printed Name Title
Date: 7/29/31 Telephone No. 303-830-4280

OIL CONSERVATION DIVISION
Date Approved: 7/29/31
By: Original Signed by FRANK T. CHAVEZ
Title: SUPERVISOR

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) For change of operator, well name or number, transporter, or other such changes.