Submit 5 Copies
Appropriate District Office
DISTRICT I
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 Buttom of Page

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

P.O. Box 2088

OIL CONSERVATION DIVISION

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

ι.	TOTRA	ANSPORT OIL	AND NATURAL GA	\S	
Operator AMOCO PRODUCTION COMPAN			Well API No. 300451114500		
Address P.O. BOX 800, DENVER, (COLORADO 8020	01			
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		Transporter of: Dry Gas Condensate	Other (Please expla	in)	
f change of operator give name and address of previous operator					
II. DESCRIPTION OF WELL A	AND LEASE	-			
Lease Name NEIL LS	Weil No.		ng Formation SAVERDE (PRORATED	Kind of Lease GASState, Federal or	Lease No.
Location I. Unit Letter	1577	_ Feet From The	FSL 10	22 Feet From T	heLine
Section 33 Township	32N	Range 11W	, ММРМ,	SAN JUAN	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Con-kensate Address (Give activess to which approved copy of this form is to be sent)					
MERIDIAN OIL INC. 3535 EAST 30TH STREET, FARMINGTON, NM 87401					
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 NATURAL GAS COMPANY P.O. BOX 1492. EL PASO TX 79978					
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	ls gas actually connected?	EL PASO, TX - When ?	79978
If this production is commingled with that for	rom any other lease or	pool, give commingl	ing order number:		
IV. COMPLETION DATA	Oil Well	I Gas Well	New Well Workover	Deepen Plug Ba	ck Same Res'v Diff Res'v
Designate Type of Completion - Date Spudded	Date Compl. Ready to	o Prod.	Total Depth	P.B.T.D	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay Tubing Depth		Depth	
Perforations			Depth Casing Slice		
TUBING, CASING AND CEMENTING RECORD					
HOLE SIZE CASING & TUBING SIZE			DEPTH SET SCAST MENT		
				DEGET	A P
				\\	000
	_			AUG 2 3 19	90
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 excellent First New Oil Run To Tank Date of Test Producing Method				ump, gas iýi, DIST.	3
Length of Test	Tubing Pressure		Casing Pressure	Choke S	ize
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Gas- Mo	SF .
GAS WELL	1				
Actual Proc. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity	of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke S	lice
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.			OIL CONSERVATION DIVISION AUG 2 3 1990 Date Approved		
D.H. Shly			But) Chang		
Boug W. Whaley, Staff Admin. Surervisor Printed Name Title				SUPERVISOR	DISTRICT #3
July 5, 1990	830=4280 lephone No.	Title			

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.