Submit 5 Copies Appropriate District Office DISTRICTI 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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT.II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. TO TRANSI ON CIETARS AND A				Well API No.	
Operator AMOCO PRODUCTION COMPA		300452655200			
Address P.O. BOX 800, DENVER,	COLORADO 8020	11			
Reason(ii) for I sling (Check proper box)			Other (Please explain)		
New Well	177	Fransporter of:			
Recompletion	Oil N	- ,			i
Change in Operator	Casinghead Gas	Condensate			
f change of operator give name and address of previous operator					
I. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including			g Formation	Kind of Lease	Lease No.
Lease Name BOLACK C LS	12A	BLANCO MESA	AVERDE (PRORATED	GASSIAIE, Federal or Fee	J
Location J Unit Letter	1830	_ Feet From The	FSL Line and235	Feet From The	FEL Line
29	27N	Range 8W	, NMPM,	SAN JUAN	County
Section 10w/list			11 CAC		
III. DESIGNATION OF TRAIN Name of Authorized Transporter of Oil	VSPORTER OF Conde	nsale:	Address (Give address to wh	ich approved copy of this for	n is to be sent)
MERIDIAN OIL INC.	nchead Gas	or Dry Gas	3535 EAST 30TH Address (Give address to wh	STREET FARMINGT	ON NM 87401
Name of Authorized Transporter of Casi EL PASO NATURAL GAS CO			P.O. BOX 1492, Is gas actually connected?		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	is gas actually connected?	Wilcu 7	
If this production is commingled with tha	from any other lease o	r pool, give comming!	ing order number:		
IV. COMPLETION DATA	Oil We	II. Gas Well	New Well Workover	Deepen Plug Back S	ame Res'v Diff Res'v
Designate Type of Completion		J. Don'd	Total Depth	P.B.T.D.	
Date Spudded	Date Compl. Ready to Prod.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		op Oil/Gas Pay Tubing Depth		
Perforations				Depth Casing	Slice
	TURING	CASING AND	CEMENTING RECOR	PARIVE	<u></u>
HOLE SIZE	CASING & TUBING SIZE		DEPTH	EGEIVE	CEMENT
			l uu	AUG 2 3 1990	
				OIL CON. DIV	
V. TEST DATA AND REQU	EST FOR ALLOV	VABLE ne of load oil and mus	t he equal to or exceed top all	lowable ANSTEP or be for	or full 24 hows.)
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, p	ump, gas lift, etc.)	
Length of Test	Tubing Pressure		Casing Pressure	Choke Size	
	Oil - Bbls.		Water - Bbls.	Gas- MCF	
Actual Prod. During Test	Oil Dina				
GAS WELL			Bbls. Condensate/MMCF	Gravity of C	ondensale
Actual Prod Test - MCF/D	Length of Test	Length of Test		Giarriy of C	
Testing Method (paox, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shill-in)	Choke Size	
	TO ATE OF CO.	ADLIANCE			DII ((0) CM
VI. OPERATOR CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION		
I hereby certify that the rules and re	gulations of the Oil Cor	rives above	AUG 2 3 1990		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					
is true and correplete to the best of	my knowneage mas actie	=:	Date Approv		1
D. H. Ohley			By Bund Chang		
Signature Doug W. Whaley, Staff Admin. Supervisor			SUPERVISOR DISTRICT #3		
Frinted Name			Title		
July 5, 1990		Telephone No.			

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.