Submit 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 Buttom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T(TRA		ORT OIL	AND NATUR	AL GAS				
)perator	/	1	Well API No. 300392258000							
AMOCO PRODUCTION COMPAN			3003	92238000	,					
ddress P.O. BOX 800, DENVER, C	COLORADO	8020	1		[] Ol. (8)					
cason(s) for Filing (Check proper box)	c	hange in,	X ranspos	nter of:	Uther (1716	ease explain)				
lew Well LJ	Oil		Dry Gar							
hange in Operator	Casinghead (Gas 🔲	Conden	sale 🗌						
change of operator give name										
ad address of previous operator	AND PRAC	·E								
I. DESCRIPTION OF WELL A Lease Name JICARILLA A	V V	Vell No. 1E			ng Formation TA (PRORATI	ED GAS)	Kind of State, E	Lease	Les	ise No.
ocation F	. 17	20	Feet Fr	om The	FNL Line and	1850) Fee	t From The	FWL	Line
Unit Letter	26N		Range	5W	, NMPM		RIO	ARRIBA		County
II. DESIGNATION OF TRANS	SPORTER	OF O	IL AN	U NATU	RAL GAS Address (Give add	ress to which	approved	copy of this for	n is to be see	u)
Name of Authorized Transporter of Oil	□ ,	n Conoci	13840		3535 EAST					
MERIDIAN OIL INC. Name of Authorized Transporter of Casing	head Gas	\Box	or Dry	Gas [Address (Give add	tress to which	approved	copy of this for	n is lo be see	u)
				٠	P.O. ROX					
GAS COMPANY OF NEW MEX. If well produces oil or liquids, jive location of tanks.	Unit S	Sec.	Twp.	Rge.	is gas actually con		When			
this production is commingled with that I	from any other	lease or	pool, giv	ve comming!	ing order number:					
V. COMPLETION DATA							<u> </u>	Danie Is	Par'u	Diff Res'v
Designate Type of Completion	- (X)	Oil Well	· (Gas Well	New Well W	orkover	Deepen	Plug Back S	THE KES	
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		
Elevations (DF, RRB, RF, OR, tite.)								Depth Casing	Shoe	
Perforations							0 E 1	VEID	<u> </u>	
	TUBING, CASING AND				CEMENTING DE	Lite and	ه طا تا	- 1	CKS CEM	ENT
HOLE SIZE	CAS	CASING & TUBING SIZE				SET.	-091	dan	ICNS CEM	- JA 1
	ļ				ļ	At	1G231			
					OIL CON DIV.					
	· -					OIL	- CT	3		
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE	: ,			Dian			
OIL WELL (Test must be after t	recovery of lot	al volum	e of load	oil and mus	be equal to or exc	eed top allow	able for the	s depth or be fo	r full 24 hou	vs.)
Date First New Oil Run To Tank	Date of Test				Producing Metho	d (Flow, pur	φ, gas lyl, i			
Length of Test	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL	<u> </u>									
Actual Prod. Test - MCT/D	Length of Test				Bbis. Condensate/MMCF			Gravity of Condensate		
Carling Method (nited back or) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size		
Testing Method (pitot, back pr.)	lubing i're	eenie (20)	ш-ш)							
VI. OPERATOR CERTIFIC	CATE OF	COM	PLIA	NCE	O	I CON	SERV	ATION I	DIVISIO	NC
I hereby certify that the rules and regu	stations of the	Oil Cons	crvation	ua.	0.		OL			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved			AUG 2 3 1990		
as and and complete to the local of my					Date P	hbrose	<i></i>			
L.H. Whley					Ву		3	N) B	hand	
Signature Doug W. Whaley, Staff Admin. Supervisor							D. ID.	RVISOR D	ICTRICT	45
Printed Name	T VAULTIE	. Jup	Title	× L	Title_		SUPE	NYISUN D	ISI NICI	
July 5, 1990		303	-830-	4280						
Date		T	'ciephone	No.	11					

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.