Submit 5 Capies
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504,2088

DISTRICE II P.O. Drawer DD, Anesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.		TOTRA	NSPO	RT OIL	AND MA	TURAL G		ABELE			
Operator AMOCO PRODUCTION COMPANY								Well API No. 300392088200			
Address P.O. BOX 800, DENVER,	COLORAD	00 8020	1								
Reason(s) for filing (Check proper box)			,		Ouh	et (l'lease expl	lain)				
New Well		Change in	A ransport	ter of:							
Recompletion [] Oil Dry Gas											
Change in Operator	Casinghea	d Gas 🔲	Condens	ate 🔲							
f change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE									
ease Name Well No. Pool Name, Including								Kind of Lease No. State, Federal or Fee			
Location H Unit Letter	. 1	710	Feet Fro	m The	FNL Lin	and1	135 F	cel From The	FEL	Line	
26	26 28N - 7W				R1			O ARRIBA County			
Section Township	P		Range		, Ni	мрм,				County	
III. DESIGNATION OF TRAN	SPORTE			NATU	RAL GAS	444	tich anaraus	I come of this (um is to be se		
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. Name of Authorized Transporter of Casinghead Gas						3535 EAST 30TH STREET, FARMINGTON, NM 87401 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	Soc.	Twp.	Rge.	Is gas actually connected? When ?				7,0		
If this production is commingled with that	from any oth	ner lease or	l pool, give	commingl	ing order num	ber:					
IV. COMPLETION DATA								T = -	. <u> </u>	barre n. C	
Designate Type of Completion	- (X)	Oil Well	G	as Well	J New Well	Workover 	Deepen	Plug Back	Same Res'v	Diff Res'v	
ate Spudded Date Compl. Ready to Prod.					Total Depth P.B.T.D.						
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tub			Tubing Dep	bing Depth		
Perforations	<u> </u>				l			Deph Casin	g Shoe		
						n F	REI	AFIL	<i>y</i>	······	
TUBING, HOLE SIZE CASING & TU					CEMENTI	DEFLA SET		SACKS CEMENT			
HOLL SIZE		ONSINO DI TODINO SIZZ				AUG2 3 IS			DIV		
					DIST. 3						
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE							,	
OIL WELL (Test must be after)	T		of load o	il and must					or Juli 24 hou	rs.)	
the First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Pressure			Chuke Size				
Actual Prod. During Test	Oil - Bbls,				Water - Bbls.			Gas- MCF			
	1				L			_1			
GAS WELL					Bbls. Condensate/MMCF			Gravity of Condensate			
Actual Prod. Test - MCI/D	Length of Test				Bbis. Condensate/MMCP			Gravity of Conocinate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Chicke Size	Cicke Size		
VI. OPERATOR CERTIFIC	ATE OF	F COMI	LIAN	CE		011 001	NOED'	ATION	רואוסוכ		
I hereby certify that the rules and regu]] (OIL CO	NOFHA	ATION	DIAIDIC	NIV.	
Division have been complied with and that the information given above					Date Approved AUG 2 3 1990						
is true and complete to the best of my knowledge and belief.					Date	Approvi	ed	4 6 0 100			
L. D. Shly					By	By July Charl					
Signature Houg W. Whaley, Staff Admin. Supervisor					59-	SUPERVISOR DISTRICT #3					
Printed Name Title					Title)	SUFERVI				
July 5, 1990 Date		rel Tel	830-4 Icphone N	40U							
									A COLUMN		

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.