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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

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 DÍVISION P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III
10(1) Rio Brizos Rd., Aziec, NM 87410

, , , , , , , , , , , , , , , , , , ,	,				ALLOWAE PORT OIL									
)perator			TO THA	ICKI	UNI UIL	AND NA	UNAL		Well	API No.				
AMOCO PRODUC	TION COMPA	NY	· · · · · · · · · · · · · · · · · · ·						30	045074	120	0		
P.O. BOX 800		COLORAI	00 8020	1										
(cason(s) for I sling (Ci	heck proper box)		Change in	T	mandar of:	Oth	a (Please	explair	•)					
lew Well Recompletion	[_] [_]	Oil	~~1	Dry (
Thange in Operator	Ö	Casinghe		-	knsate									
change of operator giv														
nd address of previous	•													
I. DESCRIPTIO	N OF WELL	AND LE		Pool	Name, Includi	ne Formation			Kind	of Lease			Lease N	ła.
TAPP LS			4	BL	ANCO MES	AVERDE	PRORA	TED	GASSiai	, Federal o	ж Гес			
Location Unit Letter	M	.:	800	Feet	From The	FSL Lin	bas :	840		Feet From	The _	FWL		Line
Section 16 Township		, 28N		Range 8W		, NMPM,		SAN JUAN			County			
						D. J. G. C								
II. DESIGNATI		SPORTE	OF OF O		UTAN UN	RAL GAS Address (Giv	e address	to whi	ch approw	ed copy of	this fo	rm is to be	seni)	
Name of Authorized To	•		or conde	: MUC										7/01
MERIDIAN OII Name of Authorized To	chead Gas	nead Gas or Dry Gas				3535 EAST 30TH STREET, Address (Give address to which approved.								
EL PASO NATU		·			P.O. BOX 1492, EL PASO									
I well produces oil or ive location of tanks.		Unit	Soc.	Twp	. Rge.	is gas actuali			Wh					
this production is con	uningled with that	from any of	her lease or	pool,	give comming	ling order num	ber:							
V. COMPLETIO											 ,			
Designate Type		- (X)	Oil Wel		Gas Well	New Well	Worko	ver	Deepen	Piug I	Jack	Same Res'v	- Dir	f Res'v
Date Spuddod	Date Compl. Ready to Prod.				Total Depth			Р.В.Т.	P.B.T.D.					
Elevations (DF, RKB, I	Producing F	omali	Off	Top Oil/Gas Pay			Tubin	Tubing Depth						
'erforations		L				1				Depth	Casin	g Shoe		
			TURING	CA	SING AND	CEMENT	NG RE	CON	15 6	7 E I	W	FIN		
	TUBING, CASING AND CASING & TUBING SIZE				CEMENT	DEPTH SEL				U ;	ACKSIC	MENT		
HOLE SIZE								7		T 2 1000				
		-							AU	G231	990	<u>!</u>		
									~!! 	CON	D	1 V ! -		
						<u></u>								
V. TEST DATA	AND REQUE Test must be after	ST FOR	ALLOW	ABL	.E ad oil and mus	the equal to a	r exceed t	on allo	mable for	DIST.	or be;	for full 24 h	ours.)	
Date First New Oil Ru		Date of 7		. <i>0</i> , 10.	30 (11 5/25 //125	Producing N	lethod (F	low, pu	mp, gas lif	1, etc.)				
Date 1 ha the Off Re	·									12				
Length of Test		Tubing Pressure			Casing Pressure				Choki	Choke Size				
Actual Prod. During Test		Oil - Bbls.				Water - Bbis.				Gas-	Gas- MCF			
GAC WELL														
GAS WELL Actual Prod. Test - M	Length of Test				Bbls. Condensate/MMCF				Gravi	Gravity of Condensate				
lesting Method (paot,	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Carok	Clicke Size				
VI. OPERATO	R CERTIFIC	CATE C	F COM	PLI	ANCE		OIL (CON	ISER	VATIO	 NC	DIVIS	ION	
Thereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION								
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date ApprovedAUG 2 3 1990								
1),	100.	3				Dat	a whh	1046		. \ _	<u>~</u>)			
Signature.	uning		١			By.			ميده		7/1			
Signature Loug W. Whaley, Staff Admin. Supervisor Printed Name Title						Titl	θ		SUPER	VISOR	DIS	TRICT	/3	
July 5, 19	990		303	-830 clepko)-4280 — nc 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.