Submut 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 Bottom of Page

OIL CONSERVATION DIVISION

OSTRICT II O Drawer DD, Antosia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088		
DISTRICT III 000 Rio Brazos Rd., Aziec, NM 87410			
		BLE AND AUTHORIZATION L AND NATURAL GAS	
Operator AMOCO PRODUCTION COMPA		Well	API No. 0452613000
Address P.O. BOX 800, DENVER,			
Reason(s) for Filing (Check proper box)	COLORADO GUZUI	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas Casinghead Gas Condensate X		
f change of operator give name and address of previous operator			
I. DESCRIPTION OF WELL	AND LEASE		
Lease Name T L RHODES B	Well No. Pool Name, Includ		of Lease Lease No. Federal or Fee
Location M	790	FSL 1160	FWL
Unit Letter	_ : Feet From The _	Line and Fo	cet From TheLine
Section 20 Townshi	p 28N Range 11W	, NMPM, SAI	V JUAN County
II. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	JRAL GAS Address (Give address to which approved	t conv of this form is to be cont
	UI CONDENSATE X		
MERIDIAN_OIL_INC	ghead Gas or Dry Gas 💢	Address (Give address to which approved	, <u>FARMINGTON</u> , <u>CO</u> <u>87401</u> Copy of this form is to be sent)
EL PASO NATURAL GAS CO		P.O. BOX 1492, EL PASO	
f well produces oil or liquids, ive location of tanks.	Unit Sec. Twp. Rge		
this production is commingled with that V. COMPLETION DATA	from any other lease or pool, give comming	gling order number:	
Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Date 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	Tubing Depth
erforations		Depth Casing Shoe	
	THRING CASING AND	CEMENTING DECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
NOCE SIZE	CASING & TODING SIZE	DEFIN SET	SACKS CEMENT
'. TEST DATA AND REQUES	T FOR ALLOWABLE]
-		t be equal to or exceed top allowable for thu	s depth or be for full 24 hows.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lyt, e	ic.)
ength of Test	Tubing Pressure	Casing Pressure	Choke Size
actual Prod. During Test	Oit - Bbis.	Water - Bbis.	B. C. F. I.A. E. I.U.
GAS WELL			JUL 2 1990
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Chot DIST. 3
W 0000 - 000 - 000 - 000		-\	
I. 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 Date Approved	
Signature Dong W. Whaley, Staff Admin. Supervisor		SUPERVISOR DISTRICT #3	
Printed Name Title June 25, 1990 303-830-4280		Title	viaun uiai mui P 3
Date	Telephone No.	H	

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.