

OIL CONSERVATION DIVISION
 P.O. Box 2088
 Santa Fe, New Mexico 87504-2088

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
 TO TRANSPORT OIL AND NATURAL GAS**

I. OPERATOR
 AMOCO PRODUCTION COMPANY
 Well API No. 300450808500
 Address: P.O. BOX 800, DENVER, COLORADO 80201
 Reason(s) for Filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Operator Casinghead Gas Condensate

II. DESCRIPTION OF WELL AND LEASE
 Lease Name: VANDERWART A LS
 Well No. 6
 Pool Name, including Formation: BLANCO MESAVERDE (PRORATED GAS)
 Kind of Lease: State, Federal or Fee
 Lease No.
 Location: Unit Letter A, 990 Feet From The FNL Line and 990 Feet From The FEL Line
 Section 24, Township 29N, Range 8W, NMPM, SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
 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. 3535 EAST 30TH STREET, FARMINGTON, NM 87401
 Name of Authorized Transporter of Casinghead Gas or Dry Gas 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?

IV. COMPLETION DATA

Designate Type of Completion - (X)	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.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH	CEMENT

RECEIVED
 AUG 23 1990
 OIL CON. DIV. 1
 DIST. 3

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable test depth or be for full 24 hours)
 Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.)
 Length of Test Tubing Pressure Casing Pressure Choke Size
 Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas - MCF
GAS WELL
 Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
 Testing Method (pilot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

VI. 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.
 Signature: *D. W. Whaley*
 Doug W. Whaley, Staff Admin. Supervisor
 Printed Name Title
 July 5, 1990 Date 303-830-4280 Telephone No.

OIL CONSERVATION DIVISION
 Date Approved AUG 23 1990
 By: *[Signature]*
 SUPERVISOR DISTRICT #3
 Title

- 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 in 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.