AMOUD EROD. CO.

NEW MEXICO OIL CONSERVATION COMMISSION Test O. Communication And ACREAGE DEDICATION PLAT. it's name to

Form C-102 Supersedes C-128 Effective 1-1-65

All distances must be from the outer boundaries of the Section. Well No. Operator Lease nGn LOBATO GAS COMM. PAN AMERICAN HE TROLEUM CORPORATION Township 29 NORTH Range 9 WEST Section Unit Letter SAN JUAN P Act ral Footage Location of Well: EAST 820 SOUTH feet from the feet from the line and Dedicated Acreage: SE/4 Producing Formation Ground Level Elev. 160 BLANCO PICTURED CLIFFS PICTURED CLIFFS €352.0 1. Outline the acreage dedicated to the subject well by colored pencil or hachure marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling. etc? If answer is "yes," type of consolidation Communitization X Yes If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.). No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Commission. CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. A. Wayhan Position Area Engineer Company PAN AMERICAN PETROLEUM CORP. November Nov Certificate

2000

1320 1550

1500

500

1000

Submit 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 DISTRICT II P.O. Drawer DD, Antesia, NM 88210 P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

I.	REQUEST		ABLE AND AUTHOR				
AMOCO PRODUCTION CON		Well API No. 300452230200					
P.O. BOX 800, DENVER	R, COLORADO 80	201					
Reason(s) for Filing (Check proper both New Well Recompletion Change in Operator Change in Operator	Change	in Transporter of: Dry Gas Condensate		plain)			
If change of operator give name and address of previous operator	···						
II. DESCRIPTION OF WELL Lease Name	L AND LEASE Well N	o. Pool Name, Inclu	eding Formation	Pina	-61	r	
CHAVEZ GAS COM A	1A	BLANCO MI	ESAVERDE (PRORAT	ED GASSiale,	of Lease Federal or Fee	Lease No.	
Location Unit Letter P	:	Feet From The _	FSL Line and	795 Fo	et From The	FEL Line	
Section 03 Town	nship 29N	Range 9W	, NMPM,	SA	JUAN	County	
III. DESIGNATION OF TR. Name of Authorized Transporter of Oi MERIDIAN OIL INC. Name of Authorized Transporter of Ca	Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET FARMINGTON CO 87/01						
EL PASO NATURAL GAS COMPANY P.O. BOX 1492 EL E				EL PASC	ASO, TX 79978		
If this production is commingled with the IV. COMPLETION DATA	hat from any other lease	or pool, give comming	gling order number:				
Designate Type of Completion	on - (X)	II Gas Well	New Well Workover	Deepen	Plug Back Sam	c Res'v Dilf Res'v	
Date Spudded Date Compl. Ready to Pro		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 ANI			CEMENTING RECOI	CEMENTING RECORD			
HOLE SIZE	CASING & 1	UBING SIZE	DEPTH SET		SACKS CEMENT		
V. TEST DATA AND REQUI	EST FOR ALLOW	ABLE					
			be equal to or exceed top all	owable for this	depth or be for ful	124 hows.)	
	Date of Test		Producing Method (Flow, pump, gas lýt, et		c.)		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.			X. 12 1131	Gas- MCF		
GAS WELL			JUL 5 199	0			
Actual Prod. Test - MCF/D	Length of Test		OIL CON. DIV		Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shu	t-in)	Casing Pressure 15 11; in 8	···	Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby 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			By				
Doug W. Whaley, Staff Admin. Supervisor Title			Title SUPERVISOR DISTRICT 13				

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.