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

Energy, Minerals and Natural Resources Department

Revised 1-1-89 See Instructions at Bottom of Page

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator C	^				Well A	PI No.			
Amoco Probuct	moco Production Co.				30-045-21190				
Address	<b>N</b>	3 8020	1						
P.O. Dox 800	Denver,	0 8020	Othe	r (Please explai			<del></del>		
Reason(s) for Filing (Check proper bok) New Well	Chance in T	ransporter of:				_			
Recompletion		Ory Gas	NF	me C	MANG	૯ -			
Change in Operator	Casinghead Gas Condensate Mughes A LS					#//			
change of operator give name			(	71.52					
nd address of previous operator			<u>.</u>	~··				·	
II. DESCRIPTION OF WELL.	AND LEASE						<del> </del>		
Lease Name		Pool Name, Includin		01.00		f Lease Tederal <del>or Feo</del>		se No.	
Hughes /c/		Blanco Pic	tures	Clitts			1240.1	18049	
Location /	15110	E	41)	and 17	۰		FEL		
Unit Letter9	: 1540	Feet From The	<u> VL</u> Line	and	I C	et From The	164	Line	
Section 34 Township	29N	Range 811	) , NH	ирм, San	JUAN	ນ		County	
	· · · · · · · · · · · · · · · · · · ·								
III. DESIGNATION OF TRAN	SPORTER OF OI	L AND NATUE							
Name of Authorized Transporter of Oil	Address (Giv	ddscss (Give address to which approved copy of this form is to be sent)							
Meridian Oil, Inc				3535 E. 30+hSt, FARMINATON, NM 87401 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casing	P	or Diy Gas	Λ - Λ	ox 49					
El Paso Natural If well produces oil or liquids,	LUnit   Sec.	Twp. Rgc.	Is gas actually		When	Armingto	DN, NI	191711	
give location of tanks.	1   1	I Mp.   Rgc.	to Bas account	Connector	1	. •		İ	
If this production is commingled with that	from any other lease or p	ool, give commingli	ng order num	per:					
IV. COMPLETION DATA									
	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion			manufication	<u> </u>	l	l,l.		1	
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			This part		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation							Tubing Depth		
Perforations						Depth Casing	Shoe		
						ļ			
	TUBING,	CASING AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TL	IBING SIZE		DEPTH SET		S	ACKS CEMI	ENT	
			·						
	_					-			
	_		<del></del>						
V. TEST DATA AND REQUE	ST FOR ALLOWA	ABLE	l						
	recovery of total volume	•	be equal to o	r exceed top all	owable for th	is depth or be fo	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing M	lethod (Flow, p	ump, gas lift,	eic.)			
						<b>A</b>			
Length of Test	Tubing Pressure	Casing Press	Casing Pressure						
			Water - Bbls.			MA MICE			
Actual Prod. During Test	Oil - Bbls.		Water - Don	•		JU	LI 519	91	
<u> </u>			l				Per		
GAS WELL			Inkla Canda			UIL (	SOLONIA.	DIV	
Actual Prod. Test - MCF/D	Length of Test	gth of Test		Bbls. Condensate/MMCF			Gravity of Children 3		
Testing Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size	<del></del>	• • •		
reming months of his to the state of the sta									
VI. OPERATOR CERTIFIC	CATE OF COM	PLIANCE							
I hereby certify that the rules and reg				OIL COI	NSERV	'ATION I	DIVISIO	NC	
Division have been complied with and that the information given above									
is true and complete to the best of my	y knowledge and belief.		Dat	e Approve	ed	JUL 161	991		
N 1 3 3 4 0			11	• •					
<u>u. w. whale</u>	<del>'4)</del> :		By.		7.	>d			
Signature Super Staff Admin Super				base, com					
Printed Name Title				э	BUPER	VISOR DIS	TRICT	3	
7-15-91	(303) 840·	ephone No.							
Date	161	aparente i vo.	31 2 33 55	The role of		er water seit is	Sec. 10	क्ष्म वा <b>भव</b> ा वा भवक	

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.