Submit 5 Copies
Appropriate District Office
DISTRICT J
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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

| DISTRICT III | Si | inta Fe, New Me | XICO 8/304-2088 | | | | |
|--|------------------------|------------------------------|---|---------------|--|---------------|--|
| 1000 Rio Brazos Rd., Aziec, NM 87410 | REQUEST F | OR ALLOWAB | LE AND AUTHO AND NATURAL | .GAS | | | |
| I. Operator | | Well AFT No. | | | | | |
| ANOCO PRODUCTION COMPA | NY | | | | 300452502100 | | |
| P.O. BOX 800, DENVER, | COLORADO 802 | 01 | Other (Please | evoluial | | | |
| Reason(s) for Filing (Check proper box) | Change | n Transporter of: | | шрши, | | | İ |
| New Well L.J. | | Dry Gas | | | | | |
| Change in Operator | Casinghead Gas | Condensate X | | | | | |
| If change of operator give name and address of previous operator | | | | | | | |
| II. DESCRIPTION OF WELL | AND LEASE | Pool Name, Include | no Engration | | Kind of Lease | Lease | No. |
| SAMMONS GAS COM B | Weil No 1 A | BLANCO MES | SAVERDE (PRORA | ATED GAS | State, Federal or Fee | | |
| Location | 230 | Feet From The | FSL Line and | 790 | Feet From The | FWL | Line |
| Unit Letter | _ : 29N | | , NMPM, | | SAN JUAN | | County |
| Section (bwitsh) | P | Kange | | | | - | |
| III. DESIGNATION OF TRAN | SPORTER OF | OIL AND NATU | RAL GAS | 10 which ap | proved copy of this form | is to be seri | |
| Name of Authorized Transporter of Oil or Condensate | | | SESE DART SOTH STREET FARMINGTON CO 87401 | | | | |
| MERIDIAN OIL INC. Name of Authorized Transporter of Casin | ghead Gas | or Dry Gas | Address (Give address | to which ap | proved copy of this jorm | B W DE 32/0) | ' <u> </u> |
| EL PASO NATURAL GAS CO | MPANY | - lan land | 1 | 92, EL | PASO, TX 799 When? | 78 | |
| If well produces oil or liquids, give location of tanks. | | Twp. Rge. | | i | | | |
| If this production is commingled with that | from any other lease | or pool, give comming | ling order number: | | | | |
| IV. COMPLETION DATA | Oil W | ell Gas Well | New Well Works | ver Do | epen Plug Back Sa | me Res'v | Mif Res'v |
| Designate Type of Completion | - (X) | l | Total Depth | l | P.B.T.D. | | |
| Date Spudded | Date Compl. Read | to Prod. | rotal Depth | | 1.5.1.5. | | |
| Elevations (DF, RKB, RT, GR, etc.) | Formation | Top Oil/Gas Pay | | Tubing Depth | Tubing Depth | | |
| Perforations | 1 | | <u> </u> | | Depth Casing S | Shoe | |
| | | 5 0 00 0 tale | CELARNITING DE | CORD | | | |
| | | TUBING SIZE | CEMENTING RE | 1 SET | SA | CKS CEME | NT |
| HOLE SIZE | CASING | TODAYO GILL | | | | | <u>. </u> |
| | | | <u> </u> | | | | |
| | | | | | | | |
| V. TEST DATA AND REQUI | ST FOR ALLO | WABLE | | | Control on the Con | Gill 2d hour | . 1 |
| OIL WELL (Test must be after | recovery of total volu | rne of load oil and mu | st be equal to or exceed Producing Method (F | lop allowable | e for this depth or be for as lift, etc.) | jus 44 now. | |
| Date First New Oil Run To Tank | Date of Test | | | | Oude Size | | |
| Length of Test | Tubing Pressure | | Casing Pressure | M | FREIV | EM | |
| Actual Prod. During Test | Oil - Bbis. | | Water - Bbis. | IK | er-Hich | ישַן ־ | |
| | | | | | JUL 5 1990 | | |
| GAS WELL | Length of Test | | Bbls. Condensate/M | MCF _ | IL CONY D | Vosale | , |
| Actual Prod. Test - MCT/D | Longin or com | | DIST-2 | | | | |
| l'esting Method (pitot, back pr.) | Tubing Pressure (| Shut-in) | Casing Pressure (Shut-in) | | | | |
| VI. OPERATOR CERTIFI | CATE OF CO | MPLIANCE | 0" | CONIC | ERVATION D | אועופור | N |
| the makes and for that the rules and for | | CONSI | | | · · · | | |
| Division have been complied with a is true and complete to the best of n | Data An | Date Approved | | | | | |
| is true and conspical to the search in | , | | Date App | | 1 | 1 | |
| D. H. Uhles | Ву | By Bill Chang | | | | | |
| Signature Doug W. Whaley, St | -, | S | UPERVISOR DIS | TRICT | 13 | | |
| Printed Name | | Title | Title | | | | |
| June 25, 1990 | 3 |)3-830-4280 Telephone 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
- 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.