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Appropriate District Office
DISTRICT 1

## State of New Mexico Energy, Minerals and Natural Resources Department

## Form C-104 Revised 1-1-89 See Instructions

O. Box 1980, Hobbs, NM 88240	C	III CO	NSERVA	TION P	NIVICIO	N	/	at Botton	n of 1.78c	
DISTRICT. II P.O. Drawer DD, Ariesia, NM 88210	U	/								
DISTRICT III 1000 Rio Brizos Rd., Aziec, NM 87410		EST FOF	re, New Me	LE AND	AUTHORI					
0		OTHAN	SPORT OIL	AND NA	I UHAL GA		API No.			
AMOCO PRODUCTION COMPA	.NY					300	452268000			
P.O. BOX 800, DENVER,	COLORADO	80201		Oth	ts (Please expl	ain)				
Reason(s) for Filing (Check proper box) New Well	(	Change in Tr	ansporter of:		ii (i ieme expi	u.,				
Recompletion	Oil	Gas C	ry Gas 🔲							
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL								<del></del>		
Lease Name HOUCK GAS COM A		Well No. Po	ool Name, Includi BLANCO MES	ng Formation SAVERDE	(PRORATE		of Lease Federal or Fee	Le	ase No.	
Location C Unit Letter	10	020 F	eet From The	FNL	7'	90 Fe	et From The	FWL	Line	
06 _	_ 29N	D	ange 9W	N	мрм,	SAN	JUAN		County	
Section Townshi					A3 E 141'				County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		COFOIL or Condensat	_	RAL GAS Address (Giv	e address to w	hich approved	copy of this form	is to be se	nı)	
MERIDIAN OIL INC.	INC. 3535 EAST 30TH STREE						FARMINGT	on, co	87401	
Name of Authorized Transporter of Casin		OI	Dry Gas 💢	1			copy of this form		nı)	
EL PASO NATURAL GAS CO If well produces oil or liquids, give location of tanks.		Sec.  T	wp.   Rge.	P.O. BOX 1492, EL PASO Is gas actually connected? When				18		
If this production is commingled with that	from any othe	r lease or po	ol, give commingl	ing order num	ber:					
IV. COMPLETION DATA		Levinien	1 Con Well	New Well	Workover	Deepen	Plug Back   Sa	me Res'v	Diff Res'v	
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	WORLDVET	Leepen	Fring Dack   Sa	ille Res v	<u> </u>	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Form	ation	Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe		
	T	UBING. C	ASING AND	CEMENTI	NG RECO	RD	<u> </u>	<del></del>		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
							<u> </u>			
V. TEST DATA AND REQUE	ST FOR A	LLOWAI	BLE	1						
OIL WELL (Test must be after	recovery of tol	al volume of	load oil and musi	be equal to or	exceed top al	lowable for the	s depth or be for	full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Tes	i		Producing M	ethod (Flow, p	ump, gas iyi,	eic.j			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbis.			MD E E E I A E			Gas- MCF			
GAS WELL	٠			, <i>M</i>	5 10	<u>[</u>	<b>J</b>			
Actual Prod. Test - MCF/D	Length of 'I	લ્મ		Bbis. Conde	Щ_мм.5.1	330	Gravity of Con	densale		
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing CALINITE STILL IN DIV.			Choke Size			
MI ODER ATOR CERTIFIC	ATE OF	COMPI	LANCE	<u> </u>			L			
VI. OPERATOR CERTIFIC  1 hereby certify that the rules and regulation have been complied with and	lations of the	Oil Conserva	tion		OIL CO	NSERV	ATION D		NC	
is true and complete to the best of my knowledge and belief.				Date ApprovedJUL5_1990						
D. H. Wheley						7	15 d	/		

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature Doug W. Whaley

June 25, 1990 Date

Printed Name

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

SUPERVISOR DISTRICT 13

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Supervisor

Title

303-830-4280\_ Telephone No.

- 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.