| Submit 5 Copies Appropriate District Office DISTRICT | 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 Buttom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

1.			BLE AND AUTHOR L AND NATURAL G				
Operator	L AND NATOTAL C		API No.				
Amoco Production Compa	······································		30-045-25891				
P. O. Box 800, Denver,	, CO 80201						
Reason(s) for Filing (Check proper box) Other (Please explain)							
New Well Change in Transporter of: Recompletion Oil Dry Gas X							
Change in Operator		y Gas X					
If change of operator give name and address of previous operator		recomme [5.]					
•	ANINI DACD					***************************************	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.							
Hare Gas Com I - Irue			XXXXXXX Fcc	Lease No.			
Unit Letter E : 1450 Feet From The North Line and 1135 Feet From The West Line							
Section 23 Township 29N Range 11W NMPM, San Juan County							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	RAL GAS Addicss (Give address to which approved copy of this form is to be sent)						
Meridian Oil Inc.	3535 E. 30th St., Farmington, NM 87401						
Name of Authorized Transporter of Casing El Paso Natural Gas Co	Addicss (Give address to which approved copy of this form is to be sent)						
If well produces oil or liquids, Unit Sec. Twn Rec			P. O. Box 1492, El Paso, TX 79978 Is gas actually connected? When 7				
give location of tanks.	n of tanks. E 23 19N 11W			No			
If this production is commingled with that IV. COMPLETION DATA	from any other léase or pool,	, give commingl	ing order number:				
Designate Type of Completion	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Same	Res'v Dill Res'v	
Date Spudded	Date Compl. Ready to Pro-	d.	Total Depth	l	P.B.T.D.	i	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
l'erforations							
			Depth Casing Shoo	e			
	TUBING, CA	SING AND	CEMENTING RECOR	8D	<u> </u>	•	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
			-				
V. TEST DATA AND REQUES	T FOR ALLOWABL	Æ					
	covery of total volume of loc	od oil and must	be equal to or exceed top all	onable for this	depth or be for full	21 hours.)	
Date I IIM New Oil Kiin 10 1ank	Date of Test		Producing Method (Flow, pump, gas lift, etc.)				
Length of Test	Tubing Pressure		CD) - E		Choke Size		
Actual Prod. During Test	Oil - Ubis.		Water Bbis and A 4 10		Gas- MCI:		
	44		JAN 0 4 19	191	Car- MCI.		
GAS WELL		~— ~—I	OIL CON.	DIV.		J	
Actual Prod. Test - MCI/D	Length of Test	·	lible. Condensato Sq:		Gravity of Condens	Kule	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	. 1				av. an	
William (fund), out x fu .)	treasure (Strat-III)		Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFICA	ATE OF COMPLIA	NCE				;	
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation			OIL CON	OIL CONSERVATION DIVISION			
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			JAN 0 4 1991				
Of Controller and belief.			Date Approved				
_ St. Shaky	А .						
Signature D. W. Whaley, Staff Admin. Supervisor			By_ Binh? Change				
Printed Name			SUPERVISOR DISTRICT #3				
12/18/90 (303) 830-4280			Title				
WEH	Telephone					•	
INSTRUCTIONS: This form	in to be Classic	······································	CAN DESCRIPTION OF THE PARTY OF	HELLE STATE OF THE	markers for the selection of the	regulation which a profession of all energy	

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.