Appropriate District Office
DISTRICT 1
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, Ariesia, NM 88210 <u>PISTRICT III</u> 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.	טו	THAN	SPL		- WUD MY	ATUMAL GA	45				
Operator AMOCO PRODUCTION COMPANY						Weil API No. 300452464600					
Address						300732704000					
P.O. BOX 800, DENVER, Reason(s) for Filing (Check proper box)	COLORADO	80201				har (Plane and	aial				
New Well	Ch	ange in Tra	anspoi	rter of:		her (Please expla	ain)				
Recompletion	Oil	<u></u> Ω	ry Gai								
Change in Operator	Casinghead G	us C	onden	sate X							
If change of operator give name and address of previous operator		<u>-</u>									
II. DESCRIPTION OF WELL	AND LEASE	C									
Lease Name HANEY GAS COM B	Well No. Pool Name, Include 1E BASIN DAK							Kind of Lease State, Federal or Fee		ease No.	
Location	calion						, [,				
Unit Letter	:850	Fc	et Fro	om The	FSL Li	ne and85	50 Fe	et From The	FWL	Line	
Section 20 Township	29N	R-	inge	10W		МРМ,	SAN	JUAN		County	
III. DESIGNATION OF TRAN	SPORTER O	OF OIL	ANI	) NATU	RAL GAS						
Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent)									ent)		
MERIDIAN OIL INC.  Name of Authorized Transporter of Casinghead Gas or Dry Gas [X]					3535 EAST 30TH STREET, FARMINGTON, CO 87401 Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS COMPANY					i	OX 1492				·ru/	
If well produces oil or liquids, give location of tanks.	Unit S∞	.  Tv	νp.	Rge.		ly connected?	When				
If this production is commingled with that f	rom any other le	ase or poo	l, give	comming	ing order nun	nber:					
IV. COMPLETION DATA	15	i Well	1 0	as Well	New Well	Workover	Deepen	Phys Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	· (X)		i	** ****	1 1454 1161	WOLLOW	Deepen	ring nack	125me ver A	I MIL RESV	
Date Spudded	Date Compl. Re	ady to Pro	xd.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	u Shoe		
		.=						•			
TUBING, CASING AND											
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT				
V. TEST DATA AND REQUES	T FOR ALL	ÖWABI	LE				<del></del>	<del></del>			
OIL WELL (Test must be after re		olume of la	rid oi	l and must					for full 24 how	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, pw	mp, gas lýt, et	c.)			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size				
And Bad Days Time				Water - Bbls.			CE	MEI	<u> </u>		
Actual Prod. During Test	Oil - Bbis.						NAME OF THE OWNER, OR		וע		
GAS WELL								UL 5	1990		
Actual Prod. Test - MCF/D	Length of Tes.			Bbls. Conder	neutc/MMCF	. 👊	OIL CON DIV.				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			OIST. 3				
esting receives (prior, talk pr.)	I reserve / Driver-1817			-manug 11036	ere (mint-lit)		~*************************************	•			
VI. OPERATOR CERTIFICA	ATE OF CO	MPLL	ANO	CE		OII 001	0000	TIO:::			
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and telief.					Date ApprovedJUL_ 5 1990						
N1/100.					Dale	yhhiovec	·		1	4	
Signature					By 3.1) Chang						
Doug W. Whaley, Staff Admin. Supervisor					SUPERVISOR DISTRICT / 3						
June 25, 1990 303-830-4280											
Date		Telephon	ie No.								

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

- Request for altowable 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.