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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 81240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

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 III
1000 Rio Brazos Rd., Azicc, NM 87410

N KIO BIAZOS KA., AZEC, I INI BIATO	REQU	EST FO	A AC	CRT OIL	LE AND A	URAL	GAS						
TO TRANSPORT OIL						Weil API No. 300452494000							
AMOCO PRODUCTION COMPAN	IY							1 300					
P.O. BOX 800, LENVER, C	COLORAL	0 8020)1		Orbo	s (Please	erolaini						
cason(s) for Filing (Check proper box)		Change in	ı Transı	orter of:	[] Out	£ (1.1507E	explains						
ew Well LJ ecompletion	Oil		Dry C										
hange in Operator	Casinghea	ıd Gas 🔲	Cond	ensale 🗍				_,					
change of operator give name													
d address of previous operator		. 00											
. DESCRIPTION OF WELL A	ng Formation	/ >:/	10.1	Kind o	f Lease Federal or Fee	L	ease No.						
esse Name HELEN JACKSON		1E	011	ERO CHAC	RA (GAS)	Wil		State, I	200121 01 100				
ocation G		1650	E	From The	FNL lin	bas	1630) Foo	a From The	FEL	Line		
Unit Letter	291		_ rea	9W				SAN	JUAN		County		
Section 31, Township	2		Rang	<u>e /// </u>	N	мрм,							
II. DESIGNATION OF TRAN	SPORTI	ER OF C	IL A	ND NATU	RAL GAS		. ta subici	anneaued	copy of this fo	um is to be so	int)		
lame of Authorized Transporter of Oil		or Conde	nsale		Auditor (O)								
MERIDIAN OIL INC.	hand Con		or D	ry Gas [Address (Gi	e address	to which	approved	FARMING copy of thus for	em is to be s	(AL)		
Name of Authorized Transporter of Casing		اا	0. 2	.,	1								
EL PASO NATURAL GAS CON f well produces oil or liquids,	L PASO NATURA], GAS COMPANY well conducts till or liquids. Unit Soc. Twp. Rgc.					P.O. BOX 1492, EL PASO, TX 79978 Is gas actually connected? When ?							
ive location of tanks.	i	i	_i		<u> </u>								
this production is commingled with that	from any o	ther lease o	r pool,	give comming	ling order num	ber:							
V. COMPLETION DATA					.,			Danna	Blue Back	Same Res'v	Diff Res'v		
To a filtran lyting	(Y)	Oil We	:II	Gas Well	New Well	Worke	ver	Deepea	I tink beer				
Designate Type of Completion		npl. Ready	to Provi	. <u></u>	Total Depth	.I			P.B.T.D.	·			
Date Spudded	Date Cor	npi. Kcauy	Wille	•									
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay				Tubing Depth			
Elevations (Dr., Mac, M., Mary					1					Depth Casing Slice			
Perforations													
		TUBING	G. CA	SING AND	CEMENT	ING RE	CORD						
HOLE SIZE	CASING & TUBING SIZE					DEPTI		E.Q.		A OFFI CEN	MENT		
HOLE SIZE							出	F 0		- 11			
							-84	61105	3 1990				
	ļ							•	1				
V. TEST DATA AND REQUE	ST FOR	ALLOV	VABI	E			0	IL CO	JN. D	V			
OIL WELL (Test must be after	recovery of	fiotal volum	ne of lo	ad oil and mu	st be equal to	or exceed	юр айох	uble fout	pilar be	for full 24 hi) 		
V. TEST DATA AND REQUE OIL WELL (Test must be after Dute First New Oil Run To Tank	Date of	Test			Producing !	Acthod (A	low, pun	மு, ஓவ் நூ .	at.)				
										Choke Size			
Length of Test	Tubing	Pressure			Catting Flea	Casing Pressure							
To I Day Ton	Oil - Bb				Water - Bb	is.			Gas- MCF				
Actual Prod. During Test	Oil - Bo	/le.											
GAS WELL									TATE TO	Contende			
Actual Prod. Test - MCF/)	Leagth	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
					Casing Pressure (Shut-in)			Choke Siz	6				
l'esting Method (pitot, back pr.)	Tubing	Tubing Pressure (Slut-in)			Casing Fit	Casing Freezes (Silver in)							
VI. OPERATOR CERTIFIC	_l	OF COM	MPI.I	ANCE		<u> </u>	001	CEDY	/ATION	אועופ	ION		
VI. OPERATOR CERTIFIE	nations of	the Oil Cor	nscrvati	00	-	OIL	CON	SERV	AHON	DIVIO	ON		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					AUG 2 3 1990								
is true and complete to the best of my knowledge and belief.					Da	te App	prove	d'	10u ~ 0	1333			
11/1////					-			-	\ ~	1 /			
LIP. Littley					∥ Ву			مسط	.) \	and .			
Doug W. Whaley, Staff Admin. Supervisor					.	SUPERVISOR DISTRICT #3							
Printed Name			-	ille 0 (200	Tit	le							
July 5, 1990		30:	z=83⊩ Telephe	0=4280 unc No	.								
Date					سحطيب	_		احتنبين	هر سرو	**			

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 1 (1,
- 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.

Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

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 III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

•	TOTRA	NSPORT OIL	AND NATURAL GA	<u>IS</u>						
Operator AMOCO PRODUCTION COMPAN	IV			3004	API No. 0452494000					
AMOCO PRODUCTION COMPANY 300452494000										
P.O. BOX 800, DENVER, O	COLORADO 8020	01								
Reason(s) for Filing (Check proper box) New Well	Change in	Transporter of:	Other (Please expla	in)						
Recompletion		Dry Gas								
Change in Operator	Casinghead Gas	Condensate								
f change of operator give name and address of previous operator										
IL DESCRIPTION OF WELL A	AND LEASE									
Lease Name HELEN JACKSON	Well No. 1E	Pool Name, Including BASIN DAKO	ng Formation TA (PRORATEĎ GAS	Kind of State, Fo	Lease deral or Fee	le.	ase No.			
Location G Unit Letter	1650	Feet From The	FNL Line and 16	30 Feel	From The	FEL	Line			
Section 34 Township	29N	Range 9W	, NMPM,	SAN	JUAN		County			
	enongen of o	II AND NATII	DAT CAS							
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	or Coude	nsate [-]	Addicis (Give address to wi	hich approved c	opy of this for	m is to be see	rd)			
MERIDIAN OIL INC. 3535 EAST 30TH STREET, FARMINGTON, NM 387401										
Name of Authorized Transporter of Casing										
EL PASO NATURAL CAS CON if well produces oil or liquids, give location of tanks.	(PANY Soc.	Twp. Rge.	P.O. BOX-1492 EL PASO TX 79978 Is gas actually connected?							
If this production is commingled with that f	rom any other lease or	pool, give commingl	ing order number:							
IV. COMPLETION DATA			1	1 5	Plug Back	Cama Dac'u	Diff Res'v			
Designate Type of Completion -	Oil Wel - (X)	l Gas Well	New Well Workover	Deepen	Ping Dack 1	2510c Kep A				
Date Spudded	Date Compl. Ready i	o Prod.	Total Depth	.1	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing P	ormatio n	Top Oil/Gas Pay		Tubing Depth					
Perforations	Depth Casing Slice									
	TUBING	. CASING AND	CEMENTING RECOR	an di						
HOLE SIZE CASING & TUBING SIZE			DEPTH SET		SACKS CEMENT					
				D) E (F	EIVER					
	<u> </u>			#		_				
				AUG	3 1990					
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE		വംഗ	V&4 EX 4	& \$.11.24 kou	er.)			
OIL WELL (Test must be after re Date First New Oil Run To Tank	Dute of Test	e of load oil and must	be equal to or exceed top all Producing Method (Flow, p	nump, gas lift et	mar. 4 (34 5t. 3	Vai 24 No.				
Length of Test	Tubing Pressure		Casing Pressure		Choke Size					
Actual Prod. During Test	Oil - Bbls.		Water - Bbls	Gas- MCF						
GAS WELL	<u> </u>				l		, ,			
Actual Prod. Test - MCI/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate					
Feating Method (pitos, back ;*-)	Tubing Pressure (Shi	ы-in)	Casing Pressure (Shut-in)	Choke Size						
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE	01,000	NCEDVA	י וארודע	חואופות)N			
I hereby certify that the rules and regul	OIL CONSERVATION DIVISION									
Division have been complied with and is true and complete to the best of my	AUG 2 3 1990									
VIIII	Date Approved									
Signature Doug W. Whaley, Staff	By SUPERVISOR DISTRICT #2									
Printed Name July 5, 1990	Title									
Date Date	Ť.	=830=4280 — dephone No.	1							

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