Appropriate District Office DISTRICT I 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

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

DISTRICT III		San	a re, new Me	XICO 673C	14-2000							
1000 Rio Brazos Rd., Aziec, NM 87410			R ALLOWAB									
Operator ANOCO PRODUCTION COMPANY						Weil API No. 300452607600						
Address P.O. BOX 800, DENVER,	COLORADO	80201	<u> </u>									
Reason(s) for Filing (Check proper box) New Well Recompletion		inge in T	Transporter of:	Ouh	et (Please e	explain)						
Change in Operator [] If change of operator give name	Casinghead Ga	s [] (Condensate X						· · · · · · · · · · · · · · · · · · ·			
and address of previous operator II. DESCRIPTION OF WELL 2	AND LEASE	:										
Lease Name DUFF GAS COM C	We		Pool Name, Includin BASIN DAKO		RATED	GAS)		of Lease Federal or Fee		ase No.		
Location P Unit LetterP	110	0	Feet From The	FSL Lin	e and	1030	Fe	et From The	FEL	Line		
Section 27 Township	, 30N	1	Range 12W	, N	мрм,		SAN	JUAN	· · ·	County		
III. DESIGNATION OF TRANS	SPORTER C)F OH	L AND NATUI	RAL GAS								
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
MERIDIAN OIL INC. Jame of Authorized Transporter of Casinghead Gas				3535 EAST 30TH STREET, FAR Address (Give address to which approved copy of								
EL PASO NATURAL GAS CO If well produces oil or liquids, give location of lanks.					P.O. BOX 1492 FI. PASI is gas actually connected? When							
If this production is commingled with that f IV. COMPLETION DATA	rom any other le	ase or po	ool, give commingli	ing order num	ber:							
Designate Type of Completion -		il Well	Gas Well	New Well	Workove	r D	epen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Re	eady to I	Prod.	Total Depth	l			P.B.T.D.		<u> </u>		
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas Pay				Tubing Depth							
Perforations					<u></u>				Depth Casing Shoe			
	TUB	ING, C	CASING AND	CEMENTI	NG REC	ORD		1				
HOLE SIZE					DEPTH SET				SACKS CEMENT			
V TOTAL AND DESIDE	T FOR ALL	OWA	ni r									
V. TEST DATA AND REQUES OIL WELL (Test must be after re				be equal to or	exceed top	allowable	for this	depth or be f	or full 24 how	·s.)		
Date First New Oil Run To Tank	Date of Test			Producing Me	ethod (Flon	, pump, g	as lift, ei	(c.)	4 AF IC 1	(C)		
Length of Test	Tubing Pressure			Casing Pressure				E.C.E.IVE				
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			₩	JULMC12 1990				
GAS WELL	L						0	L COI	1. DIV	.)		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF				Grav DISTON Charle				
Testing Method (pitot, back pr.)	Tubing Pressure	(Shut-i	n)	Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				OIL CONSERVATION DIVISION JUI 2 1990								
NU Alles					Date Approved							
Signature Doug W. Whaley, Staff Admin. Supervisor Printed Name Tale				By SUPERVISOR DISTRICT #3								
June 25, 1990	3	03-8	30-4280 none No.	Tille								

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 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.