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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, 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

I.	REQ						AUTHOR TURAL G		ION					
Operator AMOCO PRODUCTION COM	Well API No. 300452021800													
Address P.O. BOX 800, DENVER		no 800	Λ1											
Reason(s) for Filing (Check proper box	·	00 802	01			Oi	ict (Please exp	lain)						
New Well	,	Change in	n Transı	porter of	î:		(	,						
Recompletion	Oil		Dry C	Gas										
Change in Operator	Casingho	ad Gas 🗌	] Cond	ensale	X									
f change of operator give name and address of previous operator														
I. DESCRIPTION OF WEL	L AND LE	·	1				- <del></del>							
Lease Name ULIBARRI GAS COM		Well No.   Pool Name, Include BLANCO PI								Kind of Lease State, Federal or Fee			ase No.	
Location N Unit LetterN	•	: Feet From The					FSL Line and 1690 Fo				ect From TheLine			
Section 35 Town		N	Range	,	9W		MPM,			JUAN			County	
	<b>3</b> (1)		Name .										County	
III. DESIGNATION OF TRA  Name of Authorized Transporter of Oil		OF OF OF COnde			TU		ve address to w	vhich a	oproved	copy of this	form is	to be se	ni)	
MERIDIAN OIL INC.						Addiess (Give address to which approved copy of this form is to be sent)  35.35 EAST 30TH STREET, FARMINGTON, CO. 8740								
Name of Authorized Transporter of Ca	singhead Gas		or Dr	y Gas [	X		re address to w							
EI. PASO NATURAL GAS.  If well produces oil or fiquids,  pre location of tanks.	COMPANY   Unit				Rge.	P.O. BOX 1492, EL PA Is gas actually connected? Wi			PASO When					
f this production is commingled with the	at from any ou	l her lease or	nool, g	ive com	mingl	ing order num	ber:		l					
V. COMPLETION DATA														
Designate Type of Completic	n - (X)	Oil Well	1	Gas W	ell	New Well	Workover	D	æpen	Plug Back	Same	Res'v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	o Prod.			Total Depth				P.B.T.D.	-			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth				
Perforations										Depth Casing Shoe				
						on or ver				l				
NOIE OUE					ND	CEMENTING RECORD				CACKE CEMENT				
HOLE SIZE	- LA	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
<del></del>	-	<del></del>												
V. TEST DATA AND REQU	EST FOR	i Trow	ARI F	,		l				J				
OL WELL (Test must be afte					must	be eaual to or	exceed 100 all	lowable	for this	depth or be	for full	24 how	l	
Date First New Oil Run To Tank		Date of Test					Producing Method (Flow, pump, gas lift, etc.)						<del></del>	
ength of Test	Tubing Pro	essure				Casing Press	ıre			Choke Size				
Actual Prod. During Test	Oil - Bbls.					w.(7)35	GE		ET	Gas- MCF				
O C WELL								1000	1	<u>[i                                    </u>				
GAS WELL Actual Prod. Test - MCF/D	Length of	Test				Bbls. Conder		990		Gravity of	Conden	ale		
						Oll		. n	N.					
esting Method (pitot, back pr.)	Tubing Po	Tubing Pressure (Shut-in)					DIST.			Choke Size	:		****	
VI. OPERATOR CERTIFI	CATE OF	COM	PLIA	NCE										
I hereby certify that the rules and reg	ulations of the	Oil Conser	rvation			(		NSE	:RVA	NOITE	DIV	ISIO	N	
Division have been complied with an			en abov	re .								_		
is true and complete to the best of m	y knowledge a	na belief.				Date	Approve	ed _			Ш	5 1	990	
D.H. Shler						_				_		_ 1		
Signature Doug W. Whaley, St	aff Admi	n Sun	erui	eo.	~	By_				3	•	<del>O</del> lu	{	
Printed Name	arr Aumi	<u>п. Бир</u>	Title	50 r		Title				SUPERV	/ISOP	DIS	TRICT A	
June 25, 1990		303 Tde		4280. No.		Title								

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.