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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 Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 DISTRICT III

	REQ					AUTHORI TURAL G	_				
perator AMOCO PRODUCTION COMPANY						Well API No. 300452229400					
Address P.O. BOX 800, DENVER,	COLORA	DO 802	01								
Reason(s) for Filing (Check proper box)					Ou	her (Please exp	lain)				
łew Well		Change in		(							
tecompletion [_]	Oil		Dry G	4797799							
hange in Operator	Casinghe	ad Gas	Conde	nsate X							
change of operator give name ad address of previous operator											
I. DESCRIPTION OF WELL Lease Name	AND LE	ASE Well No.	Pool N	lame factual	ing Formation		Kind	of Lease		ease No.	
SANDOVAL GAS COM A		1A				(PRORATE					
Ocation C		1150	E E	mm The	FNL	1	590	at Emm The	FWL	Line	
35	30	N		rom The 9W		ne and		et From The JUAN		Line	
Section Townsh	P	··	Range		, N	МРМ,				County	
II. DESIGNATION OF TRAN	SPORTI	OF OF O					hich approved	coov of this	form is to be si		
MERIDIAN OIL INC.					Address (Give address to which approved copy of this form is to be sent)  3535 EAST 30TH STREET, FARMINGTON, CO. 87401						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X  EL PASO NATURAL GAS COMPANY					Address (Give address to which approved copy of this form is to be sent)  P.O. BOX 1492, EL PASO, TX 79978						
f well produces oil or liquids, ive location of tanks.	Unut	Sec.	Twp.	Rge		ly connected?			4410		
this production is commingled with that	. ]	l.	Poul si	L	ling order av-	her	1				
V. COMPLETION DATA	nom any oc	_,			,						
Designate Type of Completion	- (X)	Oil Well	\	Gas Well	New Well	Workover	l Deepen	Plug Back 	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
erforations								Depth Casing Shoe			
		TIP (NO	0.0	110 . 110	OEL (EL)	NO DEGO		]			
HOLE CAS	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			1	SACKS CEMENT		
HOLE SIZE								SACKS CEMENT			
	1							ļ			
. TEST DATA AND REQUE	ST FOR	ALLOW.	ABLE	,	I			1			
IL WELL (Test must be after i	ecovery of i	otal volume	of load	oil and must	be equal to or	exceed top all	omuble for thi	s depth or be	for full 24 hou	rs.)	
Pale First New Oil Run To Tank	Date of To	e sal			Producing M	lethod (Flow, p	ump, gas lýl, e	uc.)			
ength of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				* BECEIVE			Qas MCF	AS- MCF		
	1				n n	****	990 U	<u> </u>			
GAS WELL	<b>_,</b>							<b></b>			
clual Prod. Test - MCF/D	Length of Test				BUL OIL CON. DIV			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	urc <b>(45T</b> 0) 3	·	Choke Size			
'I. OPERATOR CERTIFIC	ATE OF	COMI	LIAN	NCE		04.001	10501	ATION	DI 4010		
I hereby certify that the rules and regul					(	OIL COI	42FHA	AHON	DIAIZIC	ΝI	
Division have been complied with and			en above	•				200	5 100	20	
is true and complete to the best of my	mowieage a	um belief.			Date	Approve	ed	JU	L 5 199	7U	
L.H. Shley					By_		_	دينة	du	/	
Boug W. Whaley, Staff Admin. Supervisor									OR DIST	RIGT 12	
Frinted Name June 25, 1990		303-	Title 830-4	280	Title						
Data		Test	obone N	Ja	11						

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.