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

State of New Mexico Energy, Minerals and Natural Resources Department

Furm C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

12.O. Lazwer DD, Aneuz, NM 88210		Sa	nta Fe, New M	lexico 8750	04-2088		1			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	חבסו					7471011				
I.	HEQ		OR ALLOWA! ANSPORT OII							
Operator ANOCO PRODUCTION COMPANY					Well API No. 300452231200					
Address P.O. BOX 800, DENVER,	COLORA	DO 8020)1			· · · · · · · · · · · · · · · · · · ·		-		
Reason(s) for Filing (Check proper box)				Oth	et (Please expl	ain)				
New Well		- (-)	Transporter of:							
Recompletion L Change in Operator	Oil Casinube		Dry Gas L Condensate X							
If change of operator give name	Casingino	10 Oa4 (Condensate [X]							
and address of previous operator	ANDLE	ACE					1 2 18 / 2			
II. DESCRIPTION OF WELL Lease Name HEATH GAS COM B	THE AIR DE		Well No. Pool Name, Include		(DDODATE)		Kind of Lease GAState, Federal or Fee		Lease No.	
Location]	BLANCO HE	DAVERDE	(FROMATE.	D GA State,	Tederal of Fee			
Unit LetterF	. :	1490	Feet From The	FNL	e and1	450 Fe	et From The	FWL	Line	
Section 09 Townshi	29	N	Range 9W	, N	мрм,	SAN	I JUAN		County	
III DESIGNATION OF TRAN	срарт	ED OF O	II AND NATI	IDAL CAC						
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of this form is to be sent)									4)	
MERIDIAN OIL INC.					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					
If well produces oil or liquids,	•	Sec.	Twp. Rge.			When		1/6		
give location of tanks.	1	1	ll	<u> </u>						
If this production is commingled with that IV. COMPLETION DATA	from any oti	her lease or	pool, give comming	ling order num	ber:					
Designate Type of Cons. Lytion	(V)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	ine Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		pl. Ready to	Prod.	Total Depth	l	<u> </u>	P.B.T.D.		1	
·										
Elevations (IPF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations					Depth Casing				Shoe	
		FUDING	CACING AND	CEMENTU	NC DECOR					
HOLE SIZE	CEMENTING RECORD DEPTH SET SAC				CKS CEME	NT				
	CASING & TUBING SIZE									
							ļ			
V. TEST DATA AND REQUES										
OIL WELL (Test must be after re Date First New Oil Run To Tank					exceed top allo thod (Flow, pu			full 24 hours	:.)	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test Oil - Irbls.				wD BE	ERI	A F IL	Gas- MCF			
	l			N/		~ [F				
GAS WELL				_	UL 5 19	190				
Actual Prod. Test - MCF/D	Length of	Test		Bbls. Condensate DIV Gravity of Condensate						
Festing Method (pitot, back pr.)	Tubing Pri	essure (Shul	-ia)	Casing Pressu	in DIST) 3) 	Cluke Size			
VI. OPERATOR CERTIFIC				(אוו כטג	ISERVA	ATION D	MISIO	NI .	
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 belief.					Date ApprovedJUL 5 1990					
NUML					/					
Signature					By But Chang					
Doug . W. Whaley, Staff Admin. Supervisor Printed Name Title				Title		SUP	ERVISOR (DISTRICT	Г #3	
June 25., 1990 303-830-4280 Telephone No.										
2.410		100	J	Л	<u></u>					

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.