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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

ISTRICT III XXX Rio Brazos Rd., Aziec, NM 87410	REQUEST FO	OR ALLOWABL	E AND AUTH	ORIZATI	ON				
	TOTRA	NSPORT OIL	AND NATURA	L GAS				<del></del>	
perator AMOCO PRODUCTION COMPANY					Well API No. 300451077500				
Address P.O. BOX 800, DENVER, (		1							
leason(s) for Filing (Check proper box)	OLOMADO GOZO		Other (Pleas	se explain)					
lew Well		Transporter of:							
Recompletion		Dry Gas 🔲							
Change in Operator	Casinghead Gas	Condensate	<del></del>						
change of operator give name ad address of previous operator									
I. DESCRIPTION OF WELL A	AND LEASE	In . 1	E		Kind of Le		اعا	se No.	
Lease Name NEIL LS	Well No.	Pool Name, Including BLANCO MESA	VERDE (PROF	RATED GA			<u> </u>		
Location A	1050	r . F W.	FNL Line and	890	Foet Fit	om The	FEL	Line	
Unit Letter	31N	Feet From The			SAN JU			County	
Section Township	<u>, 31k</u>	Range	, NMPM,					County	
II. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATUR	AL GAS Address (Give addre	ss to which a	oproved copy	of this form	n is to be sen	u)	
Name of Authorized Transporter of Oil	C St Collate		3535 EAST 3					1	
MERIDIAN OIL INC. Name of Authorized Transporter of Casing	head Gas	or Dry Gas	Address (Give addre	es to which a	pproved cop)	of this form	n is to be ser	u)	
EL PASO NATURAL GAS CO			P.O. BOX 14						
If well produces oil or liquids,	Unit Soc.	Twp. Rgc.	is gas actually conne		When?				
ive location of tanks.	<del> </del>				L				
f this production is commingled with that	from any other lease or	pool, give commingli	ng order number:						
V. COMPLETION DATA			N Wen I West	kawar I D	eenen Pi	ug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion	- (X) I	I Gas Well I	New Well   World	roset I D	eepen   Pl				
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth		P.1	B.T.D.		-	
			Ton Oil/Gas Pay			hiau Danth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing I	Top Oil/Gas Pay			Tubing Depth				
Perforations					D.	pth Casing	Siwe	•	
	TUBING	, CASING AND	CEMENTING R	ECORD					
HOLE SIZE		UBING SIZE		TH SET		E-IB	CKS CEM	ENT	
TIOLE SIZE				1 5 G	EDD	- IU			
				1	100	5			
	<u> </u>		u	LIA AUG	23199	<u> </u>			
V. TEST DATA AND REQUE	CT FOR ALLOW	ARI E	·		·NO:	DIA.			
V. TEST DATA AND REQUE. OIL WELL (Test must be after	recovery of total volum	e of load oil and must	be equal to or excee	d politicamio	te Jor Lius M	pih or be fo	full 24 hou	vs.)	
Date First New Oil Run To Tank	Date of Test		Producing Method	(Flow, pump,	DIAN AISS				
Length of Test	Tubing Pressure		Casing Pressure		C	hoke Size			
				Water - Bbls.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.		Water - Doin						
GAS WELL				252.00	<del></del>	iavity of Co	ondenest-		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/	MMCF	1	HEVRY OF CO		• • •	
Testing Method (pitot, back pr.)	Tubing Pressure (SI	nut-in)	Casing Pressure (Shut-in)			hoke Size			
VI. OPERATOR CERTIFIC	CATE OF COM	IPLIANCE	0::	00110		TION!	71/161/		
I hereby certify that the rules and regi	II OIL	OIL CONSERVATION DIVISION							
Division have been complied with an		AUG 2 3 1990							
is true and complete to the best of my	/ Knowledge and belief.	•	Date Ap	proved					
NU Ille		1 1 d							
Signature Uoug W. Whaley, Staff	Ву	By SUPERVISOR DISTRICT #3							
Printed Name	- Human. Dup	Title	Title	`					
July 5, 1990	303	-830-4280							
Date	1	elephone No.	.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.