Submit 5 Copies
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

DISTRICT II

OIL CONSERVATION DIVISION P.O. Box 2088

P.O. Drawer DD, Anema, NMI 88210		Sa	ınta F	e, Ne	w M	exico 8750	4-2088					
DISTRICT III 1000 Rio Bratos Rd., Aziec, NM 87410	REQU	JEST F	OR A	ALLC	WAE	BLE AND A	AUTHORI	ZATION				
1.		TO TRA	ANSF	POR	TOIL	AND NAT	TURAL G					
ANOCO PRODUCTION COMPANY						Well API No. 30045221420				00		
P.O. BOX 800, DENVER,	COLORAI	00 802	01	1								
Reason(s) for Filing (Check proper box) New Well		Change is	. Trans	nortes	of:	Othe	t (Please expl	ain)				
Recompletion	Oil	Cuange	Dry	•								
Change in Operator	Casinghea	nd Gas 🗌		ensale	[X]							
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WELL	AND LE		T=									
UPTEGROVE GAS COM Well No. Pool Name, Included the BLANCO ME						SAVERDE (PRORATE		of Lease Federal or Federal		ease No.	
Location		1470			_	FSL		190		FEL		
Unit Letter	_ :		_ Feet I	From T		Line	bas		et From The		Line	
Section 33 Townsh	321 ip	N	Range	<u> </u>	10W	, NN	1PM,	SAN	JUAN		County	
III. DESIGNATION OF TRAI	NSPORTE	R OF O		ND N	IATU							
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
MERIDIAN OIL INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas X							3535 EAST 30TH STREET, FARMINGTON, CO 87401 Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS COMPANY					ىما	P.O. BOX 1492, EL PASO, TX 79						
If well produces oil or liquids, give location of tanks.		Sec.	Twp. Rgc.			Is gas actually connected? When						
If this production is commingled with that IV. COMPLETION DATA	from any oth	ner lease or	pool, g	ive co	mmingl	ing order numb	er:					
		Oil Wel		Gas V	Vell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		ol. Ready to	o Prod.			Total Depth		1	P.B.T.D.	ļ. <u></u>	1	
Date Spudded Date Compl. Ready to Prod.												
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe			
· 		TIBING	CAS	ING	AND	CEMENTIN	IG RECOR	D	<u>!</u>		-/	
HOLE SIZE		SING & T				DEPTH SET			SACKS CEMENT			
				_								
V. TEST DATA AND REQUE	ST FOR A	ULOW	ABL.F			l			J			
OIL WELL (Test must be after					d musi	be equal to or	exceed top allo	muble for this	depth or be)	for full 24 hou	·s)	
Date First New Oil Run To Tank						Producing Me						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size				
Actual Prod. During Test	I Prod. During Test Oil - Bbls.					Wall to Bridge MCF						
	_L					M			<u> </u>			
GAS WELL	-							<u> </u>	 	,		
Actual Prod. Test - MCF/D	Length of	Length of Test					Bbls. Condensate/MMCF OIL CON. DIV.			Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pro	Tubing Pressure (Shut-in)					Casing Pressure (187)			Choke Size		
VI. OPERATOR CERTIFIC	LI CATE OF	COMI	PLIA	NCE	:							
I hereby certify that the rules and regulations of the Oil Conservation						(OIL CON	ISERV	AHON	DIVISIO)N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved JUL 5 1990						
NUIlla						Date Approved						
Signature Boug W. Whaley, Staff Admin. Supervisor						By But Chang						
Doug W. Whaley, Sta	II Admi	n. Sup	Title	sor		Title.		SUP	ERVISOR	DISTRIC	T /3	
June 25, 1990		303- Tel	830 -	4280 No.	0							

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.