Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

OUTCT FOR ALLOWARIE AMD ALTHORIZATION

					AND NA			IOIV				
)perator	WIND IN	ND NATURAL GAS										
AMOCO PRODUCTION COMP		300452251500										
Address P.O. BOX 800, DENVER,	COLORAT	0 8020	1								İ	
Reason(s) for Filing (Check proper box)			<u> </u>		Out	es (Please exp	plain)					
New Well		Change in		1 - 1								
Recompletion	Oil		Dry G	_							ŀ	
hange in Operator	Casinghea	d Gas	Condc	neale								
change of operator give name												
ad address of previous operator		. 05										
I. DESCRIPTION OF WELL	AND LE	Well No.	Boot A	Jame Jackyti	ing Formation			Kind o	(Lease	ما	ase No.	
BARNES LS		3A	BLA	NCO MES	AVERDE	(PRORATE	ED G			<u> </u>		
Location	. 8	60	End E	rom The	FNL Lie	e and1	1100	Fee	at From The	FWL	Line	
27 _	Unit Letter : 32N			1 1 W	, NMPM,			OAN THAN			County	
Section Towns	hip		Range			MENT						
II. DESIGNATION OF TRA	NSPORTE			ID NATU	RAL GAS	ua autiliani e	wki-k	40054	conv of this f	urm is to be se	nt)	
Name of Authorized Transporter of Oil		or Conde	sale		1							
MERIDIAN OIL INC.			0- P	, Car	3535 E	AST 30TH	L ST	REET	FARMING	TON NM	87401	
Name of Authorized Transporter of Cas			or Dity	Gas [	1							
EL PASO NATURAL GAS COMPANY  [Well produces out or biquids.   Uait   Soc.   Twp.   Rge.						P.O. BOX 1492 EL PASO TX 79978 Is gas actually connected? When?						
If well produces oil or liquids, give location of tanks.	Unit	Soc.	i.wp.	I was	-	.,	•	i				
f this production is commingled with the	at from any or	er lesse or	nool. o	ive commine	ling order num	ber:						
IV. COMPLETION DATA	at Hom my oc	A1 10000 01	pour, s									
V. COMILETTON DATA		Oil Wel	<u> </u>	Gas Well	New Well	Workover		Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	n - (X)	1	i	<del></del>	i	İ_	_i			<u></u>		
Date Spudded						Total Depth				P.B.T.D.		
•												
Elevations (DF, RKB, RT, GR, stc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay				Tubing Depth		
Perforations					J			<del></del>	Depth Casis	y Shoe		
Letterations												
TUBING, CASING AND					CEMEN'TING RECORD							
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
11000												
									ļ			
					ļ							
					<u>. L</u>				.l			
V. TEST DATA AND REQU	EST FOR	ALLOW	ABLI	E.			allaux	hie for th	s death or be	for full 24 box	حليه	
OIL WELL (Test must be after			t of load	i oil and mu	Producing A	Aethod (Flow	. Dunu	. gas lift.	esc.)	त प्रा पट	TO TO	
Date First New Oil Rua To Tank Date of Test					Producing Method (Flow, pump, east lift, etc.)						WII	
Length of Test	Tubing P	respure			Casing Pres	ante		THE	Choke Size	~~^		
rengit or rest	I doing F					£7.77				NUG2 3 1990		
Actual Prod. During Test	Oil - Ubi	L			Water - Bb	ıs.			Gas-MCF	e RAPE	99	
						<u> </u>				CON BIV.		
GAS WELL								-	Dis	J. 3		
Actual Prod. Test - MCF/D	Leagth o	Test			Bbis. Cond	епыс/ММС	F		Gravity of	Condensate		
										Choke Size		
l'esting Method (pitot, back pr.)	Tubing F	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				•		
					-\							
VI. OPERATOR CERTIF	ICATE O	F COM	PLIA	NCE			SMC	SERV	ΔΤΙΩΝ	DIVISI	ON	
I hereby certify that the rules and P	egulations of t	e Oil Cons	crvation	1		OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					11	Date Approved AUG 2 3 1990						
is true and consplete to the best of	niy knowledge	and Delici.			Da	te Appro	ved	700	4 N U 133	70		
11/1/1//								:	_1	,		
L. D. Uhley						By						
Signature Doug W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT #3						
Printed Name Title						e	301	EU AIS	ופוט חט	nici 73		
July 5, 1990		303	-830	-4280 <u> </u>								
Date		3.	elephon	. 170.	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.