1— Subnut 5 Copies Appropriate District Office DISTRICT 1 P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Furm C-104 Revised 1-1-89 See Instructions

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 3004522544 AMOCO PRODUCTION COMPANY

Address P.O. ROY SOO DENVER	COLODAI		11								
P.O. BOX 800, DENVER, Reason(s) for Filing (Check proper box)	COLUKAI	N 8020	-		Other	(Please expla	rin)				
New Well		Change in	Transport	ker of:							
Recompletion 🔲	Oil		Dry Gas	$\overline{}$							
Change in Operator	Casinghea	d Gas	Condens	ate 🗀							
f change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name					ng Formation Plance Kind of						
HUTCHIN LS	IN LS 1A ACTEC (I				ing Formation ICT CLIFFS) Blance FEI			E I FEE			
Location P	800		_ Feet From The		FSL Line and 800		300 E.	O Feet From The		FEL Line	
Unit Letter	_ :		_ Feet From	m The	Line	and	1.6	et Prom The .			
Section 7 Townshi	p 31	N	Range	10W	, NM	IPM,	SA	N JUAN		County	
PROTONICALIANON OF TOAR	CDADTE	en oe o	II AND	NATI	DAT CAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	STOKIE	or Conde		NATU	Address (Give	address to wh	tich approved	copy of this f	form is to be se	nt)	
MERIDIAN OIL INC.				J	3535 EAST 30TH STREET, FARMINGTON, NM 87401						
Name of Authorized Transporter of Casin									form is to be se	nı)	
EL PASO NATURAL GAS C					P.O. BOX 1492, EL PAS			. •			
If well produces oil or liquids, give location of tanks.	Unit	Unit Sec. 17		j Rge. I	Is gas actually connected?		į wnes	When ?			
If this production is commingled with that	from any of	her lease or	pool, give	commingl	ing order numb	er:					
IV. COMPLETION DATA										_,	
D 1 T	(V)	Oil Wel	1 G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Rea'v	
Designate Type of Completion					Total Depth		<u> </u>	B B 'F D	ـــــ		
Date Spudded Date Compl. Ready to Prod.					Total Depth P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Fo					Top Oil/Gas Pay			Tubing Depth			
					<u> </u>						
Perforations								Depth Cass	ng Zhoe		
		TIRING	CASIN	IG AND	CEMENTIN	NG RECOR	ND	1			
						CEMENTING RECORD DEPTH SET			SACKS CEMENT		
HOLE SIZE		ONORTO E TOURIS OFFE									
	1										
	1							·			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE		٠			J			
OIL WELL (Test must be after	recovery of	total volumi	of load o	il and mus	i be equal to or	exceed top all	owable for th	is depth or be	for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of T				Producing Me	thod (Flow, p	unp, gas lýt,	eic.)			
					Casing Pressu	<u> </u>	70 7	Choke Size			
Length of Test	Tubing P	TELEBUIT.			1.1	e	1 4 4	N			
Actual Prod. During Test	Oil - Dbi	<u> </u>			Water - Dols.	FEB2	5 1991	Cas- MCF			
					<u></u>			ــــــــــــــــــــــــــــــــــــــ			
GAS WELL						IL COI	N. DIV				
Actual Prod. Test - MCI/D	Leagth o	Leagth of Test			Bbls. Condensate/MMST. 3			Gravity of Condensate			
	Traction 6	Trucking become (Store in)			Casing Pressure (Shut-in)			Choke Size			
leating Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Count Liconic (mint.in)							
THE OPEN ATON CERTIFIE	TATE O	E COM	DIJAN	ICE	1						
VI. OPERATOR CERTIFIC	JAIEU	r Oil Consi	rryation	NCE.	(DIL COI	NSERV	'ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					FEB 2 5 1991						
is true and complete to the best of my	knowledge	and belief.			Date	Approve		1 60 60	1001		
11/1/1//							_		1 /		
_ LIP. Whiley					∥ Ву_	By But Chang					
Signature Doug W. Whaley, Staf	f Admi	n. Supe	rviso	r			SUPER	IVISOR E	DISTRICT	#3	
Printed Name			Title		Title						
February 8, 1991		303	-830-4	280	1						

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.