Submit 5 Copies
Appropriate District Office
DISTRICT!
P.O. Box 1980, Iliabs, 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. B9x 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210	Sants	P.O. Bo	(2088 (ico. 8750	4-2088	•				
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR				ATION				
I.	TO TRAN	SPORT OIL	AND NA	TURAL GA	S	of No.			
Operator AMOCO PRODUCTION COMPAI		Weil API No. 300452287700							
P.O. BOX 800, DENVER,	COLORADO 80201			-/01					
Reason(s) for Filing (Check proper bax)	Change in Ti	cananoder of:		ce (Please explai	M)				
New Well L		ory Gas						į	
Change in Operator	Casinghead Gas 🔲 C	Condensate 🔲							
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL	AND LEASE							M-	
LAMIANTIC LS	Well No.   P	bool Name, Includin BLANCO MESA	g Formation AVERDE	(PRORATED	GASState, F	cederal or Fee	1.63	se No.	
Location I	. 1820	eet From The	FSL Lin	11 e and	00 Fee	t From The _	FEL	Line	
25 Section Township	31N	10W	. N	мрм,	SAN	JUAN		County	
III. DESIGNATION OF TRAN	AL GAS Addicss (Give address to which approved copy of this form is to be sent)								
Name of Authorized Transporter of Oil or Condensate MERIDIAN OIL INC.			3535 EAST 30TH STREET, FARMINGTON, NM 87401						
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)								
EL PASO NATURAL GAS CO				X 1492,			978		
If well produces oil or liquids, give location of tanks.	<u>i i i i i i i i i i i i i i i i i i i </u>	i	Is gas actually connected? When ?						
If this production is commingled with that IV. COMPLETION DATA	from any other lease or po	ool, give commingli	ng order nur	ber:					
Designate Type of Completion	- (X)	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to F	Prod.	Total Depth	-		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>		· · · · · · · · · · · · · · · · · · ·			Depth Casin	g Slice		
	TURING (	CASING AND	CEMENT	ING RECOR	D	<u> </u>			
HOLE SIZE	0.00000 4.700000 0075		DEPTH SET			SACKS CEMENT			
						· · ·			
V. TEST DATA AND REQUE	ST FOR ALLOWA recovery of total volume o	BLE Closel oil and must	be equal to d	r exceed top allo	amable for this	e depth or be	for full 24 hour	z.)	
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Test	, 1000 010 010 1111	Producing A	Aethod (Flow, p		S.E.I.			
Length of Test	Tubing Pressure	Casing Pressure AU			23 1990				
Actual Prod. During Test	Oil - Ubls.	Water - Bbls. OIL (			OWE DIV				
			L			<u> जिह्ना स</u> ्			
GAS WELL Actual Prod. Test - MCT/D Leagth of Yest			Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-	Casing Pressure (Shut-in)		Choke Size					
VI. OPERATOR CERTIFIC	CATE OF COMP	LIANCE	1		NSFRV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				OIL CONSERVATION DIVISION  Date ApprovedAUG 2 3 1990					
Signature Doug W. Whaley, Staff Admin, Supervisor				Title SUPERVISOR DISTRICT #3					
Printed Name Title									
<u>July 5, 1990</u> Date	303=8	30=4280 phone No.							

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
- 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.