Submit 5 Cupies
Appropriate District Office
DISTRICT I
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 II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III

| OW Rio Brazos Rd., Aztec, NM 87410  |                             |                       | LE AND AUTHORI  |   |                       |  |
|---|-----------------------------|-----------------------|---|---|-----------------------|--|
| )   | TO TRA                      | ANSPORT OIL           | AND NATURAL G   | AS Well API No.   |                       |  |
| Operator AMOCO PRODUCTION COMPA   | ANY                         |                       |   | 300452308200  |                       |  |
| Address   | COLOBADO 9030               | \1                    |   |   |                       |  |
| P.O. BOX 800, DENVER,<br>leason(s) for Filing (Check proper box)          | COLORADO 8020               | )1                    | Other (Please expl                                    | ain)  |                       |  |
| cw Well   |                             | Transporter of:       | _   |   |                       |  |
| ecompletion []  | _                           | Dry Gas  Condensate   |   |   |                       |  |
| hange in Operator L_J change of operator give name                        | Casinghead Gas              | COROCHIMATE [_]       |   |   |                       |  |
| d address of previous operator  |                             |                       |   |   |                       |  |
| . DESCRIPTION OF WELL   | AND LEASE                   | Pool Name, lacludin   | e Formation   | Kind of Lease   | Lease No.             |  |
| ease Name<br>VAN HOOK LS  | 1A                          | BLANCO MESA           | AVERDE (PRORATE                                       | O GASSiate, Federal or Fee                              |                       |  |
| ocation I   | 1650                        |                       | FSL 8   | 60 Eret Error The                                       | FEL tine              |  |
| Unit Letter   | _ :                         | Feet From The         | Line and  | Feet From The   | FEE Line              |  |
| Section 27 Townsh   | ip 32N                      | Range 11W             | , NMPM,   | SAN JUAN  | County                |  |
| I. DESIGNATION OF TRAI  | NSPORTER OF C               | IL AND NATUE          | RAL GAS   |   |                       |  |
| ame of Authorized Transporter of Oil                                      | or Coade                    |                       | Address (Give address to w                            | hich approved copy of this form                         | is to be sent)        |  |
| MERIDIAN OIL INC  |                             |                       | 3535 EAST 30TH  | STREET FARMINGTO  | ON NM 87401           |  |
| lame of Authorized Transporter of Casin<br>E.L. PASO NATURAL GAS CO       |                             | or Dry Gas            |   |   |                       |  |
| well produces oil or liquids,   | Unit   Sec.                 | Twp. Rge.             | is gas actually connected?                            | EL PASO TX 799  | 78                    |  |
| ve location of tanks.   | <u> </u>                    |                       |   |   |                       |  |
| this production is commingled with that V. COMPLETION DATA                | ! from any other lease of   | pool, give commingli  | ng order number:                                      |   |                       |  |
| V. COMILETION DATA  | Oil Wel                     | Gas Well              | New Well   Workover                                   | Deepen Plug Back Sa                                     | une Res'v Diff Res'v  |  |
| Designate Type of Completion  | ı - (X)                     | i                     | <u> </u>  | <del></del>   |                       |  |
| Pate Spudded  | Date Compl. Ready I         | o Prod.               | Total Depth   | P.B.T.D.  |                       |  |
| levations (DF, RKB, RT, GR, etc.)   | Name of Producing Formation |                       | Top Oil/Gas Pay                                       | Tubing Depth  | Tubing Depth          |  |
|   |                             | ·                     | Domb Carina   | Depth Casing Slice                                      |                       |  |
| 'erforations  |                             |                       |   | Dejan Caning .  |                       |  |
|   | TUBING                      | , CASING AND          | CEMENTING RECO  | RD  |                       |  |
| HOLE SIZE CASING & TUBING SIZE  |                             | DEPTH SE              | LeatIVE   | CEMENT  |                       |  |
|   |                             |                       |   | ) EU II I   | 18)                   |  |
|   |                             |                       | <del></del>   | AUG 2 3 1930  |                       |  |
|   |                             |                       |   |   | <u> </u>              |  |
| . TEST DATA AND REQUI   | ST FOR ALLOW                | ABLE                  | be equal to or exceed top a                           | DU CON. DI  | full 24 hours.)       |  |
| IL WELL (Test must be after Date First New Oil Run To Tank                | Date of Test                | e oj toda ou ana misi | Producing Method (Flow,                               | libromble for this depth of be for pump, gas lifted and |                       |  |
|   | _                           |                       | <u> </u>  | Choke Size  |                       |  |
| Length of Test  | Tubing Pressure             |                       | Casing Pressure                                       | CHOICE SIZE   | CHOKE SIZE            |  |
| Actual Prod. During Test  | Oil - Bbls.                 |                       | Water - Bbls.   | Gas- MCF  |                       |  |
|   | 1                           |                       |   |   |                       |  |
| GAS WELL  |                             |                       |   |   |                       |  |
| Actual Prod. Test - MCF/D   | - MCIVD Length of Test      |                       | Bbls. Condensate/MMCF                                 | Gravity of Co   | anch <del>is</del> ts |  |
| esting Method (pitot, back pr.)   | Tubing Pressure (Shut-in)   |                       | Casing Pressure (Shut-in)                             | Choke Size  | Choke Size            |  |
| manned transfer frames but A  |                             |                       |   |   |                       |  |
| VI. OPERATOR CERTIFI  | CATE OF COM                 | PLIANCE               |   | NSERVATION F  | NVISION               |  |
| I hereby certify that the rules and reg                                   | sulations of the Oil Cons   | ervation              | OIL CONSERVATION DIVISION  Date Approved AUG 2 3 1990 |   |                       |  |
| Division have been complied with an is true and complete to the best of m |                             | IACH SDOAC            |   |   |                       |  |
| 11,1 100  | • •                         |                       | Date Approv   | 'eu   | (¥                    |  |
| L. H. Whley   |                             |                       | By  |   |                       |  |
| Signature<br>Doug W. Whaley, Staff Admin. Supervisor                      |                             |                       | · · · •   |   |                       |  |
| Printed Name  |                             | Tale                  | Title   | SUPERVISOR DIST   | RICT #3               |  |
| July 5, 1990  | 303:                        | -830-4280             | II.   |   |                       |  |

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.