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

T

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

-1-Form C-104 Revised 1-1-89 See Instructio at Buttom of Page

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	Well API No.
AMOCO PRODUCTION COMPANY	3004523950
Address P.O. BOX 800, DENVER, COLORADO 80201	
Reason(s) for Filing (Check proper bas) Other (Plea	se explain)
New Well Change in Transporter of: Recompletion Oil Change is Operator Casinghead Gas	
If change of operator give name and address of previous operator	

11 DESCRIPTION OF WELL AND LEASE

Lease Nat NEAL			TIDD R	Well Na.		e, Including	Formation OTA)		Kind of Lease FEDERAL	SF078	
Location	Unit Letter		M:_	830	L			1085	Feet From The	FWL	Line
	Section	4	Township	31N	Range	1 I W	, NMPM,		SAN JUAN		County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil		or Conder	-		Address (Give address to which approved copy of this form is to be sent)
MERIDIAN OIL INC.					3535 EAST 30TH STREET, FARMINGTON, NM 87401
Name of Authorized Transporter of Casing	thead Gas		or Dry G	as []	Address (Give address to which approved copy of this form is to be sent)
EL PASO NATURAL GAS CO					P.O. BOX 1492, EL PASO, TX 79978
If well produces oil or liquids,	Unit	Suc.	Twp	Rge.	is gas actually connected? When ?
give location of tanks.	1		11	L	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA Deepen | Plug Back |Same Res'v |Diff Res'v Oil Well Gas Well New Well | Workover Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE

V. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL

Date Fina New Oil Run To Tank	Date of Test	Producing Method (row, pump. gas igi, etc.)
Length of Test	Tubing Pressure	CDPECEIVE Choke Size
Actual Prod. During Test		FFR2 5 1991

GAS WELL		Bill OIL CONN. DIV. Gravity of Condensate		
Actual Prod. Test - MCI7D	Leagth of Test	DIST. 3	the state of the second st	
esting Method (pilot, back pr.)	Tubing Pressure (Sliut-in)	Casing Pressure (Shui-in)	Onote Size	
VI. OPERATOR CERTI	FICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
Division have been complied with is true and complete to the best of	and that the information given above	Date Approved FEB 2 5 1991		
D.J. Ali	· · ·			

Signature Doug W. Whaley Staff Admin Supervisor Title Printed Name February 8, 1991 303-830-4280 Telephone No. Date

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

Title

SUPERVISOR DISTRICT 13

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.