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

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

OIL CONSERVATION DIVISION P.O. Box 2088

State of New Mexico

Energy, Minerals and Natural Resources Department

Santa Fe, New Mexico 87504-2088

Form C-104 Revised 1-1-89
See Instructions
at Bottom of Page

July 5, 1990 Date		303-	830= Icphone	4280							
Doug W. Whaley, Staff Admin. Supervisor Printed Name Title						э <u></u>	SUP	ERVISOR D	STRIC	T #3	
Signature					Ву		3	ه بد	hand		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved AUG 2 3 1990						
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION					
Tubing Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Press	Casing Pressure (Shut-in)			Choke Size		
GAS WELL Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		Gravity of Con	densate		
Actual Prod. During Test						Water - Bbls. Gas- MCF					
ength of Test Tubing Pressure					Casing Pressure			Choke Size  Gas-MCF			
Date First New Oil Run To Tank	Date of T	est				Producing Method (Flow, pump, gas lýt, etc.)					
	ecovery of	iotal volume	ABLE of load	i l oil and must	be equal to o	be equal to or exceed top allowable for this depth or be for full 24 hows.)					
						OIL	CON.	DIV.		·	
						Al	JG2 3 19	90			
HOLE SIZE	1	ASING & T				DE CH SET	<del>V 11-1</del> -		CKS CEME	NT	
		TURING	CAS	ING AND	CEMENTI	N THE P	OF I	EM	<del></del>	· · · · · · · · · · · · · · · · · · ·	
Perforations						Depth Casing Sloce					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay Tubing Depth					
Designate Type of Completion - Date Spudded		ipl. Ready to	o Prod.		Total Depth	I	l	P.B.T.D.		1	
V. COMPLETION DATA	. (Y)	Oil Well	ij-	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
this production is commingled with that f	rom any ot	l her lease or	pool, g	ive commingl	ing order num	ber:					
GAS COMPANY OF NEW MEXT  f well produces oil or liquids,  ive location of tanks.	Unit	Soc.	Twp	Rge.		y connected?	When		1413		
Name of Authorized Transporter of Casing	Address (Giv	3535 EAST 30TH STREET, FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1899. BLOOMFIELD, NM 87413									
II. DESIGNATION OF TRANS Name of Authorized Transporter of Oil MERIDIAN OIL INC.	SPORTE	or Conde		ND NATU	Address (Giv			copy of this form			
18 Section Township	261	<b>V</b>	Range	5W	, N	мрм,	RIO	ARRIBA		County	
Unit Letter	:	1720	Feet F	rom The	FNL Lin	18 e and	50 Fe	et From The	FWL	Line	
JICARILLA A	tion .			RO CHÁC	o CHACRA (GAS)			ale, Federal or Fee			
I. DESCRIPTION OF WELL	AND LE		Pool N	lame includi	ng Formation		Kind o	( Lease	Le	ise No.	
change of operator give name address of previous operator											
tecompletion  Change in Operator	Oil Casinghea		Dry G Conde							1	
(cason(s) for Filing (Check proper box)		Change in	Transp	orter of:	் ப	es (Please expla	sur,				
Address P.O. BOX 800, DENVER, (	COLORAI	00 8020	)1								
AMOCO PRODUCTION COMPAN	NY						3003	392258000	<del> </del>		
)perator		TO TRA	NSP	ORT OIL	AND NA	TURAL GA	Well A				
ISTRICT III OOO Rio Brazos Rd., Aztec, NM 87410	REQ	JEST F	OR A	LLOWAE	LE AND	AUTHORI	ZATION	`			

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.