Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 Energy, Minerals and Natural Resources Department

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

DISTRICE 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

Operator	!	O ITAL	131-C	JITI OIL	MIND IAM	TOTAL GA	Well A	.Pl No.			
Amoco Production Company								30-039-22892-00			
Address						··			······································		
1670 Broadway, Denv	er, co	80201			- 						
Reason(s) for Filing (Check proper box)	X Other (Please explain)										
New Well	Effective Date of Change: 4/1/89										
Recompletion Change in Operator	Oil Casinghead	1 Gas	Dry Gas								
f change of operator give name	Cusingileac	. 0 [_]	Conden	Q.) ~							
and address of previous operator											
II. DESCRIPTION OF WELL											
Lease Name	Well No.			ng Formation			Kind of Lease Lease No. State, Federal or Fee CE 000550				
Romero Com		RI	anco Me	<u>esaverde</u>			State, redefat of ree SF 080658				
Location	134	20			c	. 700	٦		_		
Unit Letter P	:113	20	Feet Fre	om The		e and	11°c	ct From The	<u>t.</u>	Line	
Section 25 Township	ip 261	N	Range	6 W	, NI	MPM, Ric	o Arriba		 	County	
III. DESIGNATION OF TRAI	NSPORTE	R OF O	LAN	D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden	sale	(X)	1	e address to wi	• •				
Meridian Oil Inc.					3535 E. 30th St., Farmington, NM 87499-4289 Addicss (Give addless to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casis El Paso Natural Gas		or Diy	OSE [X]	P. O. Box 990, Farming							
If well produces oil or liquids,	Unit		Twp.	Rge.	Is gas actuall		When	-	0/473		
give location of tanks.				i.			i_				
If this production is commingled with tha	t from any oth	er lease or	pool, giv	e comming	ling order num	ber:					
IV. COMPLETION DATA				·			-,				
Designate Tune of Com Island	, _·(V)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		<u> </u>	l_		1777 1751 1551 15]]	<u> </u>	_1	
Date Spudded	Date Com	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth		
traine of Houseing Politication								Tooling Depair			
Perforations					I			Depth Casii	ig Shoc		
	TUBING, CASING AND				CEMENTING RECORD			.,			
HOLE SIZE	CV	SING & TU	IBING SIZE			DEPTH SET	•	SACKS CEMENT			
					-	 		-			
	-\ 						· · · · · · · · · · · · · · · · · · ·		<u>-</u> ,		
V. TEST DATA AND REQUI	EST FÖR 7	ALLOW.	ABLE					l			
OIL WELL (Test must be after	recovery of to	otal volume	of load	oil and mus					for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Lacuth of Tart	70.4 % - 70				Casina Deser	· · · · · · · · · · · · · · · · · · ·		م: اعماسات	Mary 201 672 213 5-7	*	
Length of Test	Tubing Pro	esznie			Casing Pressure			ECEIVEIN			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls	Water - Bbis.			Gas- MCI ⁵		
	2014.	-						APR1 1 1990			
GAS WELL					- 1						
Actual Prod. Test - MCI/D	Length of	Test			Bbls. Conde	nsate/MMCF		OHECE	Mons DI	V	
						•		DI	ST. 3		
lesting Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				sure (Shut-in)	 	Choke Size	3		
					-\ ₁			_l			
VI. OPERATOR CERTIFI				NCE		OIL COI	NSERV	MOITA	DIVISIO	NC	
I hereby certify that the rules and rep Division have been complied with an				'e			10L11	,,,,	D141010	J 1 1	
is true and complete to the best of m				-	Dat	a Annrow	od 🛕	PR 11	1930		
(l) , (, (l)					Dal	e Approve	J			· · · · · · · · · · · · · · · · · · ·	
D.D. Hale	4				By_	Original Sig	paral by CH	APLES GHO	LSON		
Signature D. W. Whaley	/ Staft	F_Admir	1. Su	nvr							
Printed Name			Title		Title	DEPUTY	CE & GAS	MAPE THE	957. 43		
4/2/90 Date	(303)		280	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 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.

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