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

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

DISTRICT III

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088 Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

1000 Rio Brazos Rd., Azicc, NM 87410	REQUEST	FOR ALLOWA	RI E AND A	LITHOR	, ZATION				
I.		ANSPORT OF		-					
Operator					Well API No.				
AMOCO PRODUCTION COMPANY Address					300	39071600	00		
P.O. BOX 800, DENVER,	COLORADO 802	01							
Reason(s) for Filing (Check proper box)	· · · · · · · · · · · · · · · · · · ·		Other	(l'lease explo	in)				
New Well		in Fransporter of:							
Recompletion	r-	Dry Gas 📙							
Change in Operator	Casinghead Gas	Condensate							
If change of operator give name and address of previous operator			·						
II. DESCRIPTION OF WELL									
LESAN JUAN 28 7 UNIT	Well No 104		ling Formation SOUTH (GA	s)		of Lease Federal or Fee		ase No.	
Location M	800		FSL	11	50		Tur		
Unit Letter	- :	_ Feet From The _	Line a	nd	Fe	el From The _	FWL	Line	
Section 3 Towns	27N	Range 7W	, NMI	PM,	RIO	ARRIBA		County	
III. DESIGNATION OF TRA	NSPORTER OF C	DIL AND NATI	IRAL GAS						
Name of Authorized Transporter of Oil	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 Casi	Address (Give address to which approved copy of this form is to be sent)								
EL PASO NATURAL GAS COMPANY			P.O. BOX		EL PASO		978		
If well produces oil or liquids, give location of tanks.	Unit Soc.	Twp. Rge.	ls gas actually o	connected?	When	7			
If this production is commingled with tha	I from any other lease o	r pool, give comming	ling order aumber				· · · · · ·		
IV. COMPLETION DATA	•					*	•		
Designate Type of Completion	Oil We	ll Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Rea'v	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth		·	P.B.T.D.		1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations			 			Depth Casing	Slive		
									
		, CASING AND				IN E			
HOLE SIZE CASING & TUBING SIZE		DEPTH BY R LE			PSACHS CEMENT				
				 I II-		 -	<u>w</u>		
		· · · · · · · · · · · · · · · · · · ·	1		AUG2	1990 -			
					. ~~!	- DW	1		
V. TEST DATA AND REQUE	ST FOR ALLOW	ABLE ,		O		4. DIV	• 7		
	recovery of total volume	of load oil and mus					or full 24 how	1.)	
Date First New Oil Run To Tank	Date of Test		Producing Meth	od (Flow, pu	mp, gas iyi. e	ic.)			
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF		-	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Oil Boil.								
GAS WELL								,	
Actual Prod. Test · MCF/D	Length of Test	Bbls. Condensal	Bbls. Condensate/MMCF			ondensale			
		cate by						<u> </u>	
eating Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFIC	CATE OF COM	PLIANCE			OF5:	ATION!	N. // C. / C	A.I.	
I hereby certify that the rules and regu				IL CON	SEHV	I NOITA	DIVISIO	N	
Division have been complied with and is true and complete to the best of my	-	AUG 2 3 1990							
11./ 11	Date ApprovedR0d & 3 1330								
L. H. Uhley			Ву		4	<i>م</i>) ج	hu	•	
Signature Doug W. Whaley, Staf	SUPERVISOR DISTRICT 13								
Printed Name		Title	Title_					73	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

July 5, Date 1990

- 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.

303-830-4280 Telephone No.

- 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.