Submut 5 Copies
Appropriate District Office
DISTRICT 1
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

1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST		ABLE AND AUTH					
Operator AMOCO PRODUCTION COMI	Well /	Well API No. 300450579200						
Address P.O. BOX 800, DENVER.		201		1 300	130377200			
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator)	in Transporter of: Dry Gas Condensate	Other (Pleas	e explain)				
If change of operator give name and address of previous operator			0					
II. DESCRIPTION OF WELL Lease Name BERGER	L AND LEASE Well No.	1 .	LAND HALL USING FORMATED KOTA (PRORATED	Cinta/	of Lease Federal or Fee	Lease No.		
Location Unit Letter C	: 790	Feet From The	FNL Line and _	1800	et From The	FWL Line		
Section 22 Towns	ship 26N	Range 11	W , NMPM,	SAN	JUAN	County		
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil MERIDIAN OIL INC. Name of Authorized Transporter of Cas	or Cond		Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, CO Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS (If well produces oil or liquids, give location of tanks.	COMPANY Sec.	Twp. R	ge. Is gas actually connec	9 2 , EL PASC led? When 	1 TX 799	78		
If this production is commingled with th	at from any other lease of	or pool, give commi	ingling order aumber:					
Designate Type of Completion	Oil W	eli Gas Well	New Well Works	over Deepen	Plug Back Sa	me Res'v Diff Res'v		
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	l·	P.B.T.D.	······································		
Elevations (DF, RKB, RT, GR, etc.)	tions (DF, RKB, RT, GR, etc.) Name of Producing Formation				Tubing Depth			
Perforations					Depth Casing S	lioe		
HOLE SIZE		G, CASING AN TUBING SIZE	ID CEMENTING RE		SACKS CEMENT			
V. TEST DATA AND REQU OIL WELL (Test must be afte	EST FOR ALLOV	VABLE ne of load oil and m	nust be equal to or exceed	top allowable for the	s depth or be for	full 24 hows.)		
Date First New Oil Run To Tank	Date of Test		Producing Method (F	low, pump, gas lift, a	etc.)			
Length of Test	Tubing Pressure		Casing Pressure	ភា 🖺	CE4.A	R		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.		M	Gas- MCF 1111 2 199	0		
GAS WELL					CON	DIV.		
Actual Prod. Test - MCI/D	Length of Test		Bbls. Condensate/MN	ACF OL	DIST:	densate		
Testing Method (pilot, back pr.)	Tubing Pressure (SI	ւաl· i n)	Casing Pressure (Shu	l-in)	Choke Size			
VI. OPERATOR CERTIF I hereby certify that the rules and re Division have been complied with a is true and complete to the best of n	gulations of the Oil Contact and that the information p	servation given above	OIL (Date App	CONSERV	ATION D UL 2 199 > A	_		
Printed Name		pervisor Title 3-830-4280 Velophone No.	Title	SUPERV	ISOR DIST	RICT #3		

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
- 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.

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

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OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

000 Rio Bi220s Rd., Azlec, NM 87410					BLE AND AND NA			N				
perator AMOCO PRODUCTION COMPANY						Well API No. 300450579200						
Address P.O. BOX 800, DENVER,	COLORADO	80201										
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator		hange in T	ranspo Dry Gai	. 🛚	☐ Ou	oct (Please exp	olain)					
f change of operator give name and address of previous operator												
I. DESCRIPTION OF WELL												
Lease Name BERGER	*	/eli No. P 4			in g Formation DTA (PRO	RATED GA			f Lease Federal or Fee	1	case No.	
Location										*****		
Unit LetterC	79	<u> </u>	eat Fro	om The	Lir	bas se	1800	_ Fe	t From The	FWL	Line	
Section 22 Township	26N	F	lange	11W	, N	мрм,		SAN	JUAN		County	
II. DESIGNATION OF TRAN	oi	OF OIL	10	D NATU	Address (Gi	we address to t						
MERIDIAN OIL INC. Name of Authorized Transporter of Casing EL PASO NATURAL GAS CO if well produces oil or liquids, ive location of tanks.			wp.	Gas X		OX 1492 ly connected?) 874 01 eni)	
this production is commingled with that f	rom any other	lease or po	ol, giv	e comming	ling order num	iber:						
Designate Type of Completion		Oil Well	- -c	ias Well	New Well	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	Ready to P	rod.		Total Depth				P.B.T.D.			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubi				Tubing Dept	bing Depth		
erforations					L				Depth Casin	g Shoe		
	าาา	BING C	'A CIN	JC. AND	CEMENT	NC PECO	RD.		<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT				
/. TEST DATA AND REQUES	T FOR AL	LOWAI	BLE									
IL WELL (Test must be after re				oil and must						or full 24 ho	us.)	
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, p	pump, gas	•	•		5	
ength of Test	Tubing Pressure				Casing Pressure				CEARE ()			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			UL 2 1990					
GAS WELL									CON	DIV.		
Actual Prod. Test - MCF/D	Length of Tes				Bbls. Conde	nsale/MMCF		JU	DIST:	3 - T		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shul-in);				Choke Size			
VI. OPERATOR CERTIFIC. I hereby certify that the rules and regular Division have been complied with and to is true and complete to the best of my k Signature Boug W. Whaley, Staff Pinted Name	ations of the Oi that the informa- mowledge and	I Conserva	tion above			OIL CO	ed	Jl زیر	. 0.44	990		

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