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Appropriate District Office
DISTRICT I
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 DÍVISION

P.O. Box 2088

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

Santa Fe, New Mexico 8/504-2088

DISTRICT III OUU Rio Brazos Rd., Aziec, NM 87410	REQI	JEST FO	OR AL	LOW	/AB	LE AND	AUTHORI	IZATION				
I.		TO TRA	NSP	ORT (	OIL	AND NA	TURAL G	AS	ADDEST:			
AMOCO PRODUCTION COMPANY							Well API No. 30039071000					
Address	COLODAI	DO 8030	١ 1									
P.O. BOX 800, DENVER,  Reason(s) for Filing (Check proper box)	COLORAI	00 8020	<u>, 1</u>			Oth	es (Please exp	lain)				
New Well		Change in	Transpo	orter of:		LJ		,				
Recompletion	Oil		Dry Ga									
Change in Operator	Casinghea		Conden	r	٦							
f change of operator give name address of previous operator					<del></del>							
IL DESCRIPTION OF WELL	AND LE	ASE		5.	Bl	anco P	e					
SAN JUAN 28 7 UNIT	111111	Well No.	Pool N BLA	NCO I		ng Formation AVERDE (	PRORATE	Kind D GASState,	of Lease Federal or Fee	1	ease No.	
Location N		840	F F-	75		FSL		550	set From The	FWL	Line	
Unit Letter	9 27N			Feet From The 7W			Line and		RIO ARRIBA			
Section Townshi		<del></del>	Range			, NI	мрм,		AIGCIDA	<del>. ,</del>	County	
III. DESIGNATION OF TRAN	SPORTE			D NA	TU	RAL GAS		<del></del>			·	
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)						
MERIDIAN OIL INC.  Name of Authorized Transporter of Casinghead Gas or Dry Gas						3535 EAST 30TH STREET, FARMINGTON, NM 8740 Address (Give address to which approved copy of this form is to be sens)						
EL PASO NATURAL GAS COMPANY						P.O. BOX 1492, EL PASO						
If well produces oil or liquids, give location of tanks.	Unit	Suc.	Twp.	1	₹ge.	is gas actuali	y connected?	When	7			
If this production is commingled with that	from any of	her lease or	pool, giv	ve comin	ningl	ing order num	ber:					
IV. COMPLETION DATA												
D : To a of Completion	(V)	Oil Well		Gas We	II	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		_				Total Depth	l		] Р.В.Т.D.	J	<del>ا</del>	
Date Spudded	Date Con	ipl. Ready to	o Pioa.			rom Depar			r.b.1.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations							Depth Casing Shoe					
TUBING, CASING AND						CEMENTI		P .	WE	KS CEM	ENT	
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DE DISE PET			D D D D D D D D D D D D D D D D D D D			
							11/1	AUG2 3	1000			
	1							AUUZ o	1000			
	1					<u> </u>		L CON	II DIV.	·		
V. TEST DATA AND REQUE OIL WELL (Test must be after t	ST FOR	ALLOW	ABLE	, 		he sound to o		Tale DIST	. 3 oth or be	for full 24 hos	us)	
OIL WELL (Test must be after a Date First New Oil Run To Tank	Date of T		ој 100а	ou ana	musi	Producing M	lethod (Flow,	pump, gas lýl,	elc.)	<i>Jun June</i> 21		
Date in a new Oil Roll to tall	Jac 61 1								Choke Size			
Length of Test	Tubing P	Tubing Pressure					Casing Pressure					
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF				
GAS WELL												
Actual Prod. Test - MCF/D	Length of Test					Bbls. Condensate/MMCF			Gravity of	Gravity of Condensate		
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size	Choke Size			
VI. OPERATOR CERTIFIC				NCE				NCED	ΙΑΤΙΩΝΙ	DIVISIO	ON	
I hereby certify that the rules and regulations of the Oil Conservation						1	OIL CONSERVATION DIVISION					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.									AUG 23	1990		
11.00						Date	e Approv	_		1 1		
Signature Signature						Ву	By Bush Chang					
Uoug W. Whaley, Staff Admin. Supervisor Printed Name Title						Title	a	SUPE	RVISOR	DISTRICT	13	
July 5, 1990			830=			'"						

- 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.
- 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.