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Appropriate District Office
DISTRICT J
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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New México 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 300392117900 AMOCO PRODUCTION COMPANY Address P.O. BOX 800, DENVER, COLORADO 80201 Other (Please explain) Reason(s) for Filing (Check proper box) New Well Dry Gas Recompletion Oil Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Pool Name, Including Formation
BLANCO PICTURED CLIFFS (GAS) Well No. 245 Lease Name SAN JUAN 28 7 UNIT State. Federal or Fee Location 1560 FEL. Feet From The Line Feet From The Unit Letter . RIO ARRIBA 28N 18 Соилц NMPM. Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil 35.35 FAST 30TH STREET, FARMINGTON, NM 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 P.O. BOX 1492, EL PASO, TX 79978
Is gas actually connected? When ? EL PASO NATURAL GAS COMPANY Twp. Rge. If well produces oil or liquids, give location of tanks. Sec. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back | Same Res'v Gas Well New Well Workover Deepen Oil Well Designate Type of Completion - (X) Total Depth PRTD Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe l'erforations TUBING, CASING AND CEMENTING E ACKS CEMENT CASING & TUBING SIZE HOLE SIZE AUG**2 3 199**0 OIL CON. DIV DIST. 3 V. TEST DATA AND REQUEST FOR ALLOWABLE be equal to or exceed top allowable for this depth or be for full 24 hours.) (Test must be after recovery of total volume of load oil and OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Cas- MCF Water - Bbls. Actual Prod. During Test Oit - Bbls. GAS WELL Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Bbls Condensale/MMCF Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut-in) lesting Method (paot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above AUG 2 3 1990 is true and complete to the best of my knowledge and belief. Date Approved . るシンの

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

Staff Admin.

Signature Doug W. Whaley,

July 5 . 1990

Printed Name

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

SUPERVISOR DISTRICT 13

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Supervisor Title

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,