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

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

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 III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. 300392219000 AMOCO PRODUCTION COMPANY P.O. BOX 800, DENVER, COLORADO 80201 Other (Please explain) Reason(s) for Filing (Check proper box)
New Well П Change in Transporter of:

New Well		Change in	y lampon					1			
Recompletion	Oil Carianhan		Dry Gas Condens				13				
Change in Operator	Casinghead	1 045	Conscis	- L			24/	+			
f change of operator give name and address of previous operator							d				
II. DESCRIPTION OF WELL	AND LEA	SE				l					
Leage Name SAN JUAN 28 7 UNIT		Well No. 51A			ng Format SOUTH	(GAS)		Kind of Lease State, Federal or Fee		Lease No.	
Location		00			ter	15	20		FEL		
Unit Letter	24 28N		Feet From The		FSL	FSL Line and		Feet From The		Line	
Section 24 Towns			Range	7W	, NMPM,		RIO	RIO ARRIBA		County	
III. DESIGNATION OF TRA	NSPORTE	R OF O	IL ANT	NA <u>TU</u>	RAL G	AS		- debie 6			
Name of Authorized Transporter of Oil		9000	011		Address	Cive actoress to wi					
MERIDIAN OIL INC.	MERIDIAN OIL INC.			, [3535 FAST 30TH STREET, FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Cas		الـا 10	38	الحاق	1					·	
EL PASO NATURAL GAS C If well produces oil or liquids, give location of tanks.	Unit	Sốc.	Twp.	Rge.	Rge. Is gas actually connected?			PASO, TX - 79978 When ?			
If this production is commingled with the IV. COMPLETION DATA	at from any oth	er lease of	pool, give	comming	Jing order	number:					
V. COMPLETION DATA		Oil Wel	i G	as Well	New V	Vell Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completio	n - (X)	i	i		<u> </u>		1	l,	l	.1	
Date Spudded	Date Comp	pl. Ready t	to Prod.		Total De	epth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of P	Name of Producing Formation			Top Oil	Top Oil/Gas Pay			Tubing Depth		
Perforations					J			Depth Casing Shoe			
		CLIDING	CASIN	IC AND	CEME	N'TING RECOR	RD.				
1101 5 0.45		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
HOLE SIZE	CASING & FOUNTS SIZE					DECEIVED					
					J	AUG	32 3 199	U			
V. TEST DATA AND REQU	EST FOR A	ALLOW	ABLE			in an an Children A		al Mic	for full 24 hou	us.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of To	st	e oj ioaa o	ni ana mia	Produci	ng Method (Flow, p	DIST. 3	elc.)	· · · · · · · · ·		
Length of Test	Tubing Pr	essurc			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls	Oil a libit			Water - Bbis.			Gas- MCF			
Citize from During rest. Oil - Dois.							J				
GAS WELL									<i></i>		
Actual Prod. Test - MCI/D	Length of	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
l'esting Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIF	ICATE O	F COM	IPLIAN	NCE	1		NSERV	ATION	DIVISION	ON.	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION					
Division have been complied with a is true and complete to the best of a	and that the info	ormation g and belief.	VED BOOVE	-	11 .	Jala Anne::	ad F	NUG 2 3	1330		
is true and complete to the oral of	,				- 11 L	Date Approv	eu				

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

Admin

Signature Lloug W. Whaley, Staff

Printed Name

July 5, 1990...

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

Ву.

Title.

SUPERVISOR DISTRICT 13

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

Supervisor

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.

Submit 5 Copies
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DISTRICT 1
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State of New Mexico Energy, Minerals and Natural Resources Department

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OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FO	OR ALLOWAB	LE AND	AUTHORIZ	ZATION							
Operator	10111	MOI OITI OIL	Well API No.									
AMOCO PRODUCTION COMPAN	NY		300392219000									
P.O. BOX 800, DENVER, (COLORADO 8020	01				a =						
Reason(s) for Filing (Check proper box)	Change in	Transporter of:	∐ Odi	er (Please expla	rin)							
New Well Recompletion	~	Dry Gas			71							
Change in Operator	Casinghead Gas	Condensate			9							
If change of operator give name and address of previous operator				3	, ,							
II. DESCRIPTION OF WELL	ANDIEASE			T d								
Lease Name SAN JUAN 28 7 UNIT	Well No.	Pool Name, Including BLANCO MES	ng Formation AVERDE	PRORATED	Kind of	Lease ederal or Fee		ase No.				
Location	800	1	FSL	15	20		FEL					
Unit Letter	- :	Feet From The	LinLin	e and	Fee	I From The ARRIBA		Line				
Section 24 Township	28N	Range 7W	,N	мрм,	KIU	ARRIDA		County				
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS					·				
Name of Authorized Transporter of Oil	U2 V / 3	1 4 E	Address (Give address to which approved copy of this form is to be sent)									
MERIDIAN OIL INC. Name of Authorized Transporter of Casing	MERIDIAN OIL INC.					3535 EAST 30TH STREET, FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS COM If well produces oil or liquids, give location of tanks.	X 1492 y connected?	492, EL PASO, TX 79978 nected? When ?										
If this production is commingled with that f	from any other lease or	pool, give comming)	ing order nun	ber:	1		<u>-</u>					
IV. COMPLETION DATA	2813	150						_,				
Designate Type of Completion	- (X)	l Gas Well	New Well Total Depth	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v				
Date Spudded	Date Compl. Ready to	Date Compl. Ready to Prod.				P.B.T.D.						
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing F	omiation	Top Oil/Gas Pay			Tubing Depth						
Perforations				Depth Casing Shoe								
	TURING	, CASING AND	CEMENT	NG RECOR	D	!						
HOLE SIZE	CASING & T	DEPTH SET			SACKS CEMENT							
			ME	PFI								
				- 1K/ 15-	W 69 8	(-5-10)						
	ļ <u>.</u>		ļ	AUG 2 3 190			10					
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE			113 C 10.							
OIL WELL (Test must be after r	ecovery of total volume	of load oil and must	be equal to o	ac Cate	COM	Both be	for full 24 hou	rs.)				
Date First New Oil Run To Tank	Date of Test		Producing N	fethed (Flow, p	"Bist."3							
Length of Test	Tubing Pressure	Casing Pres	sure		Choke Size							
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.			Gas- MCF							
GAS WELL	<u>.L</u>											
Actual Prod. Test - MCI/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate						
Testing Method (pitot, back pr.)	Tubing Pressure (Shi	n-iu)	Casing Pressure (Shut-in)			Choke Size						
VI. OPERATOR CERTIFIC				OIL COI	NSERV.	ATION	DIVISIO	NC				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				AUC 9.2 1000								
NIL.DO.	Date ApprovedAuG 2 3 1550											
Signature Whaley, Staff	By 3.1) Chang											
Printed Name Title				ə	SUPERV	ISOR DIS	STRICT !	3				
<u>July 5, 1990</u> Date		lephone No.	1									

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