Submit 5 Copies
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 DIVISION

TO TRANSPORT OIL AND NATURAL GAS

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

III 12208 Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

If change of operator give name and address of previous operators II. DESCRIPTION OF WELL AND LEASE Lease No. State, Federal or Fee Line and Feet From The Line and Feet From The Line and Section Township Rection Township Rection Township Rection Township Rection Township Rection Township Rection Township Name of Authorized Transporter of Oil Or Or Ordensate Address to which approved copy of this form is to be sent) MERIDIAN OIL INC. Name of Authorized Transporter of Casingbased Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) MERIDIAN OIL INC. Name of Authorized Transporter of Casingbased Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent) EL PASO NATURAL GAS COMPANY P.O. BOX 1492, EL PASO, TX 79978 If well produces oil or liquids, Unit Sec. Twp. Reg is gas actually connected? When 7 give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Date Speaded Date Compl. Ready to Prod. Total Depth P.B.T.D. Tubing Depth Depth Casing Store TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DATA AND REQUEST FOR ALLOWABLE V. TEST DATA AND REQUEST FOR ALLOWABLE OLD NOT DEPTH TO THE CASING AND CEMENTING RECORD. AUG. 2 1990 AUG. 2 199	Operator AMOCO PRODUCTION COMPANY							Well API No. 300392223900				
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Township	-	AND LEASE										
Unit Letter Unit Letter Unit Letter Section 17 Township 28N Range 7W NMPM, RIO ARRIBA County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Causinghead Gas or Condensate 335.5 EAST 30TH STREET, FARMINGTON, NH. 827401 Nine of Authorized Transporter of Causinghead Gas or Dry Gas Address (Give address to whick approved copy of this form is to be seet) PL PASO RATURAL GAS COMPANY If well products on or liquids, Unit See Twp. Rge lis gas settably connected? If well production is commingled with that from any other lease or pool, give commingling order number: If Out production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Designate Type of Completion - (X) Date Spedded Date Compl. Ready to Prod. Total Depth First Mark AND REQUEST FOR ALLOWABLE OIL WELL. Test must be after recovery of total volume of toad oil and must be equal to or according about apply or be for full 24 hours.) Dist First New Oil Run To Talk Date of Test Actual Prod. During Test Oil - Bibls. CASING A TUBING SIZE OIL CONSERVATION DIVISION AUG 2 3 1990 Date Of Test Actual Prod. Test - Nictro University that the rules and regulations of the Oil Conservation Division have been completed with and that the information gives above It use and experts to the best of any two design of test FOIL WELL Actual Prod. Test - Nictro Length of Test Casing Pressure Casing Pressure Casing Pressure Casing Pressure (Shui-in) OIL CONSERVATION DIVISION AUG 2 3 1990 Date Approved By Supervisor DISTRICT #3 STREET, FARMINGTON, 10 to be seed. Condensate to whick approved copy of this formation gives above it to be a design of the oil Conservation Division have been completed with and that the information gives above it use and regulations of the Oil Conservation Division have been completed with and that the information gives above it use	SAN JUAN 28 7 UNIT	VIT Well No. Pool Name, Includi 12A BLANCO PC			ng Formation SOUTH (GAS) Kind of State, F							
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Doug W. Whaley, Staff Admin. Supervisor	is true and complete to the best of my	knowledge and belief.			Date Approved							
Doug W. Whaley, Staff Admin. Supervisor	D. H. Heles				Bill Chang							
Printed Name Title Title Title					SUPERVISOR DISTRICT #3							
July 5, 1990 303-830-4280 Date Telephone No.	July 5, 1990	303	-830-	4280	Title)						

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

- 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.
- 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.