State of New Mexico

Form C-104

Appropriate District Office DISTRICT J	Energy, Minerals and Natu	ral Resources Department	Revised 1-1-89 See Instructions	
P.O. Box 1980, Hobbs, NM 88240	OIL CONSERVA	TION DIVISION	at Bottom of Page	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	P.O. Bo Santa Fe, New Me			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWAR	ILF AND AUTHORIZAT	TION 72	, Ja
I.	TO TRANSPORT OIL	AND NATURAL GAS	1.5-1.0/10 1 01	tr (
Operator			Well API No. 3004506 71700	
AMOCO PRODUCTION COMPA	NY		300430077700	
Address P.O. BOX 800, DENVER,	COLORADO 80201			
Reason(s) for filing (Check proper box)	Character of	Other (Please explain)		
New Well Recompletion	Change in Transporter of: Oil Dry Gas			
Change in Operator	Casinghead Gas Condensate			
If change of operator give name and address of previous operator		<u> </u>		
II. DESCRIPTION OF WELL	AND LEASE BIA	anco Mesaverde		
RIDDLE A 9	Well No. Pool Name, Includi	ng Formation DTA - (PRORATED G AS)	Kind of Lease Lease No. State, Federal or Fee	
Location A	810 : Feet From The	FNL Line and	Feet From The FEL Line	
Unit Letter	27N 9W		SAN JUAN County	
Section Townshi	ip Range	, NMPM,	County	
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS	approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil	Condensate	1	REET, FARMINGTON, NM 87401	
MERIDIAN OIL INC. Name of Authorized Transporter of Casin	nghead Gas nr Dry Gas	Address (Give address to which	approved copy of this form is to be sent)	
EL PASO NATURAL GAS CO	DMPANY 25 22 36	P.O. BOX 1492, EL		
If well produces oil or liquids, give location of tanks.	Unit Soc. Twp. Rge.		When 2 70 . 3 . 6	t, ned
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number:		
	Oil Well Gas Well	New Well Workover	Deepen Plug Back Same Res'v Diff Res'v	10-7-85
Designate Type of Completion		Total Depth	P.B.T.D.	, , ,
Date Spudded	Date Compl. Ready to Prod.	Total Depair	7.5.1.5.	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
l'erforations		J	Depth Casing Shoe	
			The second second	
	TUBING, CASING AND	DETT SE	BACKS CEMENT	
HOLE SIZE	CASING & TUBING SIZE	120		
		Da VI	G2 3 1990	
		Oll	CON DIV	1.
V. TEST DATA AND REQUI	EST FOR ALLOWABLE			,
OIL WELL (Test must be after	recovery of total volume of load oil and mu	st be equal to or exceed top allow	ble for this depth or be for full 24 hours.)	1
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pury	, gu 191, etc.)]
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbis.	Water - Bbls.	Gas- MCF	
CACWELL				_
CAS WELL [Actual Prod. Test - MCT/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
		Casing Pressure (Shut-in)	Choke Size	-
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	mental streaming forting ray]
VI OPERATOR CERTIFI	ICATE OF COMPLIANCE	6" 66"	DEDVATION DIVICION	1/-27.62
I hereby certify that the rules and re-	gulations of the Oil Conservation	OIL CON	SERVATION DIVISION	4.27.66
Division have been complied with a is true and complete to the best of n	nd that the information given above	D-4- A	AUG 2 3 1990	•
is use and complete to the sex of the		Date Approved		-
D. D. Whay		Ву	But) Chang	_
Signature Doug W. Whaley, Sta	ff Admin. Supervisor		SUPERVISOR DISTRICT #3	
Printed Name	Title	Title		

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

July 5, 1990 Date

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

- with Kute 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.

Submit 5 Copies
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 at Bottom of Page

DISTRICT II

OIL CONSERVATION DIVISION P.O. Box 2088

ISTRICT III 000 Rio Brazos Rd., Azzec, NM 87410 REQUEST FOR ALLOWABLE A TO TRANSPORT OIL ANI Operator	AND AUTHORIZATION		
TO TRANSPORT OIL ANI	AND AUTHORIZATION		
. TO TRANSPORT OIL AND			
Operator	U NATURAL GAS	API No.	
AMOCO PRODUCTION COMPANY		045 067 1700 (67/7	
Address			
P.O. BOX 800, DENVER, COLORADO 80201			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in 7 ransporter of: Recompletion Oil Dry Gas		1	
Recompletion Oil Dry Gas Change in Operator Casinghead Gas Condensate			
f change of operator give name			
and address of previous operator	71519		
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including For		d of Lease Lease No.	
RIDDLE A 1 BASIN DAKOTA	(PRORATED GAS) State	e, Federal or Fee	
Location a 0.10 Ext	1000	EET	
A 810 FN Unit Letter Feet From The	L 1090	Feet From TheLine	
9 27N 9W	SA SA	AN JUAN County	
Section Township Range	, NMPM,	County County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS		
Name of Authorized Transporter of Oil or Condensate Addi	sess (Give address to which approv	red copy of this form is to be sent)	
MERIDIAN OIL INC. 35	3535 EAST 30TH STREET, FARMINGTON, NM 87401		
	ress (Give address to which approv		
	O. BOX 1492, EL PAS		
If well produces oil or liquids, Unit Sec. Twp. Rge. Is ga	is actually conficcient		
If this production is commingled with that from any other lease or pool, give commingling or	rder number:	DPC-561	
IV. COMPLETION DATA			
John Marie	ew Well Workover Deeper	Plug Back Same Res'v Diff Res'v	
Designate Type of Completion - (X)	ai Depth		
Date Spudded Date Compl. Ready to Prod. 1 of a	и сери	P.B.T.D.	
Elevations (DF, RKB, RF, GR, etc.) Name of Producing Formation Top	Oil/Gas Pay	Tubing Depth	
Elevations (DF, AKB, AT, OK, Etc.)			
Perforations		Depth Casing Shoe	
	ACNUTNIC DECORDS	W B IR	
TUBING, CASING AND CEN	DEPTH E	SACHS CEMENT	
HOLE SIZE CASING & TUBING SIZE			
	III UII	3 1990	
		- NI DIV	
	OIL'	COM. DIV	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be e	and to an exceed top allowable for	DISI. 3	
OIL WELL (Test must be after recovery of total volume of total oil and must be after recovery of total volume of total oil and must be after recovery of total volume of total oil and must be after recovery of total volume of total oil and must be after recovery of total volume of total oil and must be after recovery of total volume of total oil and must be after recovery of total volume of total oil and must be after recovery of total volume of total oil and must be after recovery of total volume of total oil and must be after recovery of total volume of total oil and must be after recovery of total volume of total oil and oil and must be after recovery of total volume of total oil and oil and must be after recovery of total volume of total oil and oil and must be after recovery of total volume of total oil and oil and must be after recovery of total volume of total oil and oil and must be after recovery of total volume of total oil and oil and must be after recovery of total volume of total oil and oil and must be after recovery of total volume of total oil and oil and must be after recovery of total volume of total oil and oil and must be after recovery of total volume oil and oil and oil and must be after recovery oil and o	ducing Method (Flow, pump, gas I	(fi, etc.)	
Date this few on road to team			
Length of Test Tubing Pressure Cas	sing Pressure	Choke Size	
W.	uer - Bbls.	Gas- MCF	
Actual Prod. During Test Oil - Bbls.	act - Doie		
	Is. Condensate/MMCF	Gravity of Condensate	
GAS WELL GAS WELL GAS WELL Both of Text Both			
Actual Prod. Test : MCT/D Length of Test Bb		1	
Actual Prox. Test - MCT/D Length of Test Bb	sing Pressure (Shut-in)	Choke Size	
Actual Frod Test - MCT/D Length of Test Bb	sing Pressure (Shut-in)	Choke Size	
Actual Prod. Test : MCT/D Length of Test Bb Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Cal			
Calculate Prox. Test : MCT/D Length of Test Bb Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Calculate VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation		RVATION DIVISION	
Call Prod Test MCT/D Length of Test Bb	OIL CONSEF		
Calculate Prod Test - MCT/D Length of Test Bb Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Calculate VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation		RVATION DIVISION	
Call Prod Test MC1/D Length of Test Bb	OIL CONSEF	RVATION DIVISION	
Testing Method (pitot, back pr.) Tubing Pressure (Shui-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE 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.	OIL CONSEF	RVATION DIVISION AUG 2 3 1990	
Testing Method (putot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby 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. Signature Uoug W. Whaley, Staff Admin. Supervisor	OIL CONSER Date Approved By	RVATION DIVISION	
Testing Method (pitot, back pr.) Tubing Pressure (Shui-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE 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.	OIL CONSEF	RVATION DIVISION AUG 2 3 1990	

- 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.