Subnut 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

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

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

DISTRICT III
1000 Rio Brazos Rd., Aziec, NM 67410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	1	TO TRA	NSPO	O TRC	IL AND N	IATURAL C	AS					
Operator ANOCO PRODUCTION COMPANY							Well API No. 300450690600					
Address							301	34300900				
P.O. BOX 800, DENVER		0 8020	1									
Reason(s) for Filing (Check proper ba	r)	Change in	Transpo	tter of:	LJ '	Other (Please exp	olain)					
Recompletion	Oil		Dry Gar									
Change in Operator	Casinghead	Gas 🔲	Conden	sale X								
If change of operator give name and address of previous operator												
II. DESCRIPTION OF WEL	L AND LEA	SE										
Lease Name				me, Inclu	ding Formati	ng Formation		Kind of Lease		Lease No.		
AZTEC GAS COM		1	BAS	IN DA	KOTA (PI	RORATED GA	AS) State,	State, Federal or Fee		1		
Location D	1	190			FNL .	Line and	990 -		FWL			
Unit Letter			rea ra	m The _		Line and	P	et From The		Line		
Section 02 Tows	ship 27N		Range	10	<u>w</u>	NMPM,	SAI	JUAN		County		
III. DESIGNATION OF TR	NSPORTE	R OF O	L ANI	NAT	URAL GA	. <u>s</u>						
Name of Authorized Transporter of Oi		or Conden	cate			Give address to	vhich approved	copy of this	form is to be se	ini)		
MERIDIAN-OIL -INC. Name of Authorized Transporter of Ca	singhead Gas		or Day (Gas (X	3535	EAST 30Th	STREET	FARMIN	GTON, CO	87401		
SUNTERRA GAS GATHERI		L	ui Diy (LA.	1					nu)		
If well produces oil or liquids, give location of tanks.		Sec.	Twp	Rg	e. Is gas actu	BOX 1899 ally connected?	When	7 7	 8/413-			
If this production is commingled with the	nat from any other	r lease or p	pool, give	commin	gling order m	ımber:						
IV. COMPLETION DATA		Oil Well	-1-6	as Well	[N W.	il Workover	Deepen	l De la David	le p	by or posts		
Designate Type of Completion	on - (X)			WE ALEH	New me	at Workover	Deepen	l Ling Dack	Same Res'v	Diff Res'v		
Date Spudded Date Compl. Ready to Prod.					Total Dep	h		P.B.T.D.	•			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe			
		TUBING, CASING AND							1			
HOLE SIZE	CAS	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
								· · · · · · · · · · · · · · · · · · ·				
						_						
V. TEST DATA AND REQU	EST FOR A	LLOWA	RIF					J				
				l and mu	si be equal to	or exceed top al	lowable for the	s depth or be	for full 24 how	rs.)		
Date First New Oil Run To Tank		Date of Test				t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lyt, etc.)						
Length of Test	Tubing Pres	Tubing Pressure				esure		Choke Size				
									mesus m			
Actual Prod. During Test	Oil - Bbls.				Water - Bt	ols.	id (di	CET		ען		
GAS WELL							M	O	1990			
Actual Prod. Test - MCF/D	Leagth of T	cri			Bbls. Cond	iensaic/MMCF	<u> </u>	Jellmiy of	ondenmie			
Parties Mathiel (color Academs)	Tubing Pres	sure (Char	in)		Casino Pro	ssure (Shut-in)		COL	4-MIA	<u> </u>		
Testing Method (pitot, back pr.)	raving ries	wir (Mitt.	u.,		Casing rie	omic (Mitt-III)	0	Taid /	. 3 .			
VI. OPERATOR CERTIF	CATE OF	COMP	LIAN	CE								
I hereby certify that the rules and re	gulations of the (Oil Conserv	ation	_		OIL CO	NSERV	ATION	DIVISIC	N		
Division have been complied with a	nd that the inform	nation give	a above		il .							

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

Staff Admin

is true and complete to the best of my knowledge and belief.

Signature Doug

Date

Printed Name

W.

June 25, 1990

Whales

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

Date Approved

Title

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.