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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

Furm C-104 Revised 1-1-89 See Instruction at Bottom of Page

DISTRICT II

OIL CONSERVATION DIVISION

P.O. Box 2088 P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 8/504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. 300450702500 AMOCO PRODUCTION COMPANY P.O. BOX 800, DENVER, COLORADO 80201 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of:

Dry Gas New Well Oil Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation
8 BLANCO PC SOUTH (GAS) SCHWERDTFEGER A LS State, Federal or Fee Location E 1452 _ Feet From The Feet From The Unit Letter _ 31 28N 8W SAN JUAN County Township Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensate Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil MERIDIAN OIL INC. 35.35 EAST 30TH STREET, FARMINGTON, NM 87401
Address (Give address to which approved copy of this form is to be sent) 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 If well produces oil or liquids, Unit Twp. Rge. give location of tanks If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen Plug Back Same Res'v Diff Res'v New Well | Workover Oil Well Gas Well Designate Type of Completion - (X) P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Name of Producing Formation Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Depth Casing S Perforations TUBING, CASING AND CEMENTING REC CASING & TUBING SIZE HOLE SIZE AUG 2 3 1990 V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCI/D Choke Size Casing Pressure (Shut-in) lesting Method (pitot, buck pr.) Tubing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation AUG 23 1990 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. **Date Approved** るしい

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

Signature Doug W. Whaley, Staff Admin

Printed Name

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

Title.

SUPERVISOR DISTRICT #3

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

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.