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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 III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

ſ .	T	O TRA	NSPC	ORT OIL	AND NA	TURAL G						
Operator	erator								Well API No.			
Amoco Production Company							3004511905					
Address 1670 Broadway, P. O.	Box 800.	Denve	er. Co	olorad	o 80201							
Reason(s) for Filing (Check proper box)						er (Please expl	ain)					
New Well		Change in	•									
Recompletion	Oil		Dry Gas									
Change in Operator I change of operator give name	Casinghead	Gas 📋	Condens	iale X		·						
nd address of previous operator												
I. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name	ing Formation					ease No.						
SCHWERDTFEGER A	ERDTFEGER A 2X BASIN (DAK						FEDI	FEDERAL SFO		9319		
Location	119	ın		E.	NT	790			FWL			
Unit LetterD	m The F	NL Lin	e and	Fe	Feet From The		Line					
Section 31 Township 28N Range 8W					, NMPM, SAN			UAN		County		
	- Nedodae	D OF O	I ABIT	NATE	DAL CAS							
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil		or Condens		X)	Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	nı)		
MERIDIAN INC.	P. O. BOX 4289, FARMINGTON, CO 87499											
Name of Authorized Transporter of Casi	Address (Give address to which approved copy of this form is to be sent)											
EL PASO NATURAL GAS CO	 -				+	OX 1492,			79978			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actuali	y connected?	When	7				
f this production is commingled with tha	from any other	l er lease or p	ool, give	comming	ling order num	ber:						
V. COMPLETION DATA	- · · · · · · · · · · · · · · · · · · ·	•		J								
	(3/)	Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		1	<u> </u>		Total Depth	<u> </u>	1	<u> </u>	l			
Date Spudded	Date Compi	Date Compi. Ready to Prod.				том Бери			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth				
Perforations								Depth Casin	ng Shoe			
			0 . 00		OEL ACLUM	NO DECOL						
HOLE CAE		TUBING, CASING AND				DEPTH SET			SACKS CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DET THISE!							
					<u> </u>			1				
V. TEST DATA AND REQUE					. h	المصمداء	lauvihla for thi	e dansk oe he	for full 24 hou	- · · .		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes		oj ioaa o	ii ana musi		ethod (Flow, p			jor jan 24 noa	73.7		
are that frew on kin to tank Date of feat					, , , , , , , , , , , , , , , , , , ,							
Length of Test	Tubing Pres	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test Oil - Bbls.				Water - Bbis.				Gas- MCF				
									<u> </u>			
GAS WELL					7277							
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conder	sate/MMCF		Gravity of Condensate				
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Press	ure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC	CATE OF	COMP	LIAN	CE	1				50.40.6			
I hereby certify that the rules and reg					(NSERV.	AHON	DIVISIO	N		
Division have been complied with an	d that the infon	mation give					Į	NUG 07	1989			
is true and complete to the best of my	/ knowledge an	M DCHCI.			Date	Approve	9a		.505			
(b. I Ham otan)					But) Chem/							
Signature Company					By SUPERVISION DISTRICT # 3							
J. L. Hampton Sr. Staff Admin. Suprv.								STOR DI	PIKICL	, _O		
Printed Name 7/28/89		303-8	Title 30-56	025	Title							
Date // 20/ 0			phone No									

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 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.