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

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

ī	HEQ				AND NA						
I. TO TRANSPORT OIL A						Well API No.					
AMOCO PRODUCTION COMPANY						3004521030					
Address P.O. BOX 800, DENVER, COLORADO 80201											
Reason(s) for Filing (Check proper box)					Othe	я (l'lease expla	in)				
New Well	0.1	Change in	Transpor				_				
Recompletion	Oil Casingho	ad Gas 🗌	Conden								
If change of operator give name and address of previous operator											
											
II. DESCRIPTION OF WELL A	AND LE		Pool Na	me, laciudi	ng Formation		Kind o	x Lesse	Le	sse No.	
JONES A LS		8				CT CLIFFS	S) FE	DERAL	SF0	78390	
Location G		1850	. Feet Fr	Th-	FNL Line		500	et From The	FEL	Line	
Unit Letter	28	8N	. reet rit	8W		APM,		N JUAN		County	
						dtw.					
III. DESIGNATION OF TRANS	SPORTE	ER OF O	IL AN	D NATU	RAL GAS	e address to wh	ich approved	copy of this f	orm is to be see	nz)	
Name of Authorized Transporter of Oil MERIDIAN OIL INC.						Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, NM 87401					
Name of Authorized Transporter of Casing EL PASO NATURAL GAS CO	ized Transporter of Casinghead Gas or Dry Gas NATURAL GAS COMPANY				Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978						
If well produces oil or liquids,	Unit	Soc.	Twp	Rge.	ls gas actuality			When ?			
eve location of tanks.	<u> </u>	L		1					·		
If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA											
Designate Type of Con pletion	- (X)	Oil Well		ias Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, e c.)	Name of Producing Formation				Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RRB, RI, OR, FC.)	Familie of 1 retinential a Arthunion										
Perforations					Depth Casing Slice						
	TUBING, CASING AND				CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
							 				
	 										
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE	, ail and must	he equal to as	exceed ton all	owable for the	is depth or be	for full 24 hou	rs.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date Fins New Oil Rua To Tan: Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
					Carala Blanc	ia tra tie r	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Choke Size			
Length of Test	Tubing Pressure			Casing President 17 17. 11 11. 12.			<u> </u>				
Actual Prod. During Test	Oil - Ubis.			Water'- Bbis FEB 2 5 1991.			Gas- MCF	CA- NCP			
GAS WELL					OIL CON. UIV.						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conder	DEN MARIE	3	Gravity of Condensate			
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CONSERVATION DIVISION						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved						
NU Mly						• •					
Signature Doug W. Whaley, Staff Admin. Supervisor					Ву						
Printed Name Title					Title						
February 8, 1991		303-	830=4 Icphone I	1280 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.