Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Buttom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	T	O TRAN	SPOR	TÓIL.	AND NA	TURAL C	<u> 3AS</u>					
AMOCO PRODUCTION COMPANY						Weil API No. 3004525260						
oddress P.O. BOX 800, DENVER, C	COLORADO	80201										
Ceason(4) for Filing (Check projer box) New Well		hange in Tr			Oth	es (l'Iease ex	plain)					
change of operator give name	Campina	<u>- L - </u>		_=-								
nd address of previous operator I. DESCRIPTION OF WELL A	NDIEA	SF										
RUSSELL		Well No. Pe	od Name BASIN	, Includin DAKO	g Formation l'A (PROI	RATED G	AS)	Kind of State, F	Lease ederal or Fee		ise No.	
ocation I Unit Letter	1850 : Feet From The			FSL Line and Fee			4 From The FEL Line					
Section 25 Township	28N	R	ange	8W	, N	мрм,		SAN	JUAN		County	
II. DESIGNATION OF TRANS	SPORTE	OF OIL	AND	NATUI	RAL GAS				-Cabin G	is to be see		
Name of Authorized Transporter of Oil		or Condensal	^{le}	כ	Vogices (A)					rm is to be ser		
MERIDIAN OIL INC. Name of Authorized Transporter of Casing	head Gas	0	Dry Gai		3535 E. Address (Gi	AST 30T) we address to	H_S'	approved	copy of this fo	TON NM	₩ 87401 u)	
EL PASO NATURAL GAS CON	PANY				P.O. BOX 1492, EL PASO							
If well produces oil or liquids, give location of tanks.		Sec. T	wp. 	Rgc.	is gas actually connected?			When	7 0:7			
f this production is commingled with that f	rom any othe	r lease or po	ol, give c	ommingli	ing order aun	nber:						
V. COMPLETION DATA		Oil Well		Well	New Well	_,	,	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		j	<u>i</u>		j	<u> </u>	_Ĺ	1	l n n 'r n	l		
Date Spudded Date Compi. Ready to Prod.					Total Depth				P.B.T.D.			
vations (DF, RKB, RF, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations	<u> </u>								Depth Casii	ig Shoe		
TUBING, CASING AND												
HOLE SIZE CASING & TUBING				E	DEPTH SET			ME	ENFID			
	 					p		W 15	1 O E	- (UI		
							A-	uce s	1990			
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE					10120- 1		11		
OIL WELL (Test must be after t	ecovery of 10	cal volume of	load oil	and must	be equal to	or exceed top	Q1	PHOOD H	k) a	gor full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gar life.				1. 3			
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure				Choke Size		
Actual Prod. During Test	Oil - Bbla.				Water - Bbis.				Gas- MCF			
•					l				١			
GAS WELL	Lenub of Tex				Bbls. Condensate/MMCF				Gravity of Condensate			
Actual Prod. Test - MCI/D	Length of Test								Choke Size			
l'esting Mediod (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size	: _,		
VI. OPERATOR CERTIFIC	CATE OF	COMP	LIAN	CE		OIL C	ON	SERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					11							
is true and complete to the best of my knowledge and belief.					Da	Date ApprovedAUG 2 3 1990						
NUIlle									، دیر	Thank	•	
Signature Uoug W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT /3						
Printed Name		303-8	Title 130-42	280	Tit	le						
Date		Tele	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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.