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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hubbs, 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

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Well A		_		
AMOCO PRODUCTION COMPAI	NY							3004	÷5238120	0		
Address P.O. BOX 800, DENVER,	COLORADO	0 8020	1									
Reason(s) for Filing (Check proper box)					Othe	(Please e	xplain)					
New Well	4	Change in	Transpor	ter of:								
Recompletion	Oil		Dry Gas									
Change in Operator	Casinghead	Gas _	Condens	ale								
If change of operator give name and address of previous operator					. <del></del> -							
II. DESCRIPTION OF WELL	AND LEA	SE										
JONES A LS		Well No. Pool Name, Includin 5A BLANCO PC						Kind of Lease Lease No. State, Federal or Fee				
Location C Unit Letter	, 13	120	Feet Fro	m The	FNL Line	and	1815	Foo	at From The _	FWL	Line	
Section 13 Township	28N		Range	8W		IPM,		SAN	JUAN		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS												
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)						
MERIDIAN OIL INC.						3535 EAST 30TH STREET, FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sens)						
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of the									copy of this fo	rm is lo be se	nd)	
EL PASO NATURAL GAS CON	IPANY				P.O. BO	X 1492	, EL	PASO,	TX 79	978		
If well produces oil or liquids, give location of tanks.	ii	Soc.	Twp.	Rge.	P O BOX 1492 EL PASO   Whee ?				7			
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA												
Designate Type of Completion	- (X)	Oil Well	0	ias Well	New Well	Workove	r   [	Эсерев	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Comp	I. Ready to	Prod.		Total Depth				P.B.T.D.	L		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas I	Top Oil/Gas Pay				Tubing Depth		
Perforations										Depth Casing Shoe		
					CEL (EL PEL	IC DEC	ODD		<u> </u>	176		
	,				CEMENTIN	DEPTH S		10	1 W 1 2	ACHSTEM	ENT	
HOLE SIZE	CAS	SING & TU	UBING 5	125		DEF IN	m		<u> </u>			
							154.		4000			
	ļ <del></del>				<del> </del>		<i>₩</i>	AllG	3 1990	•		
	<del> </del>				<del> </del>			Hua.		<i>IV</i> .		
V. TEST DATA AND REQUES	T FOR A	LLÓW	ARLE		L		_	m°C	ON. D	11.7		
OIL WELL (Test must be after r	ecovery of to	sal volume	of load o	il and musi	be equal to or	exceed top	o allowat	ne jorana	Man bac	for full 24 hos	us.)	
Date First New Oil Run To Tank	Date of Tes	đ	<u> </u>		Producing Me	thod (Flor	w, ритр.	gas lift e	ic.)			
Length of Test	Tubing Pre	Tubing Pressure				Casing Pressure				Choke Size		
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.			Water - Bbls.				Gas- MCF			
					l				J	<del></del>		
GAS WELL					78				T21.55.5572	'onderer:		
Actual Prod. Test - MCT/D	Length of Test			Bbls. Condensate/MMCF				Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERV									ATION	אואורו	<b></b>	
I hereby certify that the rules and regulations of the Oil Conservation						JIL C	ON2				JIN	
Division have been complied with and that the information given above					11	AUG 2 3 1990						
is true and complete to the best of my knowledge and belief.						Date Approved						
D. Illy					Ħ	2 1) dem						
Signature Doug W. Whaley, Staff Admin. Supervisor					By-	SUPERVISOR DISTRICT 13						
Printed Name Title					Title							
Date 5, 1990			Icphone 1	Vo.	1							

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.