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 at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well API No.					
Amoco Production Company							3004523814					
Address 1670 Broadway, P. O.	Box 800), Denve	er,	Colora	do 8020	1			-	,		
Reason(s) for Filing (Check proper box)					Ot	ner (Please expl	ain)					
New Well		Change in	-		ſ							
Recompletion	Oil		Dry C									
Change in Operator	Casinghea	ad Gas	Cond	ensate X	·							
If change of operator give name and address of previous operator	·											
II. DESCRIPTION OF WELL	AND LE								······································			
Lease Name TAPP	Well No. Pool Name, Includi 2 BASIN (DAK						FED	FEDERAL		ease No. 8499		
Location	17	10			PCT	075			Tri III			
Unit Letter	_ :		Feet I	From The _	انـا انـا	ne and	F	eet From The	FWL	Line		
Section 16 Townshi	p 28N Range 8W				, N	, NMPM, SAN			JUAN County			
III. DESIGNATION OF TRAN	SPORTE			ND NAT								
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)						
MERIDIAN INC.						P. O. BOX 4289, FARMINGTON, CO 87499						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X EL PASO NATURAL GAS COMPANY									copy of this form is to be sent) 7, TX 79978			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rg	e. Is gas actual	Is gas actually connected?			еп ?			
If this production is commingled with that IV. COMPLETION DATA	from any oth	ner lease or p	pool, g	ive commin	gling order nun	iber:						
Designate Type of Completion	- (X)	Oil Well	_ _	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	·	pl. Ready to	Prod.		Total Depth	<u> </u>	1	P.B.T.D.	1			
Elevations (DF, RKB, RT, GR, etc.)	B, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Shoe			
								Depui Casi	ilg 200c			
		TIDING.	CAC	INIC AND	CENTENTE	NC DECOR			·····			
TUBING, CASING AND					CEMENT	 			0.040.054547			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT			
								 				
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLF	2				J				
OIL WELL (Test must be after re					st be equal to o	exceed top allo	owable for th	is depth o	for full 24 hou	<i>u</i>)		
Date First New Oil Run To Tank	Date of Test				Producing M	ethod (Flow, pu	ump, gas lift,	eic.)		AE		
Length of Test	Tubing Pressure				Casing Press	Casing Pressure			Choke 5128 AUG 07 1989			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis	Water - Bbis.			Gas-MCDH CON. DIV.			
GAS WELL	L								C/SI			
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	sale/MMCF		Gravity of	Condensate			
									The second secon			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)			Choke Size			
VI OPERATOR CERTIFIC	ATE OF	COMP		NCF	1							
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above												
is true and complete to the best of my knowledge and belief.					Date	Approve	d	AUG 07	1989			
1 1 1 st						Date ApprovedAUS 07 1989						
J. J. Stamplon					D	By Bull Day						
Signature						SUPERVISION DISTRICT # 3						
J. L. Hampton Sr. Staff Admin Suprv. Printed Name Title							ou en	A TOTON D	TOIRICI	ήS		
7/28/89		303-8		5025	Title							
Date			hone I									

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.