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Appropriate District Office
DISTRICT 1
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

DISTRICY II P.O. Drawer DD, Artesia, NM 88210		Santa	P.O. B. Fe, New M	ox 2088		2						
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 I.		EST FOF	ALLOWAE	BLE AN	ID AUTH	ORIZA	TION					
TO TRANSPORT OIL AMOUG PRODUCTION COMPANY					Well /				API No. 0452410100			
Address P.O. BOX 800, DENVER,		80201					1	132-1101				
Reason(s) for filing (Check proper box)			,		Other (Please	e explain)						
New Well		Change in Tra	. ()									
Recompletion	Oil Casinghead	L∐ Dr Gas □ Co	y Gas 🗔 indensate 🗓									
If change of operator give name												
and address of previous operator												
II. DESCRIPTION OF WELL Lease Name J C GORDON D		Well No. Po	ol Name, Include BASIN DAKO	ing Forma OTA (P	RORATED	GAS)		of Lease Federal or Fe		ease No.		
Location		· 00		PMI		700						
Unit Letter	_ :	520 Fc	et From The	FNL	Line and	790	Fe	t From The	FEL	Line		
Section 22 Townshi	27N	R ₂	nge 10W		, NMPM,		SAN	JUAN		County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OIL			AS (Give address	to which	approved	copy of this f	orm is to be s	ent)		
MERIDIAN OIL INC.				3535	EAST 3	TH ST	REET,	FARMIN	GTON, CO	87401		
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)							
EL PASO NATURAL GAS CO	4 .	icc. Tw	n Rve		BOX 149		PASO When		9978			
give location of tanks.	ii		1		,		İ					
If this production is commingled with that IV. COMPLETION DATA	from any other	lease or pool	l, give commingl	ling order	oumber:							
Designate Type of Completion		Oil Well	Gas Well	New W	/ell Worko	ver 1	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	i	Ready to Pro	۲ 	Total De	pth .			P.B.T.D.	I	-		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth				
Perforations				ł				Depth Casin	g Shoe			
TUBING, CASING AND					CEMENTING RECORD							
HOLE SIZE	CASI	NG & TUBIN	DEPTH SET				SACKS CEMENT					
	1											
V. TEST DATA AND REQUES									C- C H 24 I			
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	i volume of la	xid oil and must	,	o or exceed to g Method (Fla				or jul 24 hou	rs.)		
Length of Test	Tubing Pressure			Casing Pressure				TT	EIVI	E M		
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.				Gas- MCF	5 1990	U		
GAS WELL	A			 					<u> </u>			
Actual Prod. Test - MCF/D	Length of Te	N		Bbis. Co	ndensate/MM	CF	€	mea	WE DH	√.		
	h						<i></i>	DIS	13	Ation		
Festing Method (patot, back pr.)	Tubing Press	nu: (211m-112)		Caking P	ressure (Shut-	in)		Choke Size				
VI. OPERATOR CERTIFIC 1 hereby certify that the rules and regul	itions of the O	il Conservatio	on		OIL C	ONS	ERVA	ATION	DIVISIO	NC		
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved				JUL 5 1990			
_D.H. Shley					By 3.1) d.							
Signature Doug W. Whaley, Staff Admin. Supervisor Pouted Name Title					Title SUPERVISOR DISTRICT /3							
June 25, 1990		_303-836		''								

- 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
- 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.