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

State of New Mexico Energy, Mineral; and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Drawer DD, Anesia, NM	88210		Sar	nta Fe		ox 2088 exico - 875	04-2088					
DISTRICT III 1000 Rio Brazos Rd., Aziec, N	IM 87410	DEOL						יד א ליורו	Δ Α			
I.						BLE AND . AND NA			ON			
Operator ANOCO PRODUCTION COMPANY						Well API No. 300452435600						
Address P.O. BOX 800, D	ENVER,	COLORAI	0 8020	1								
Reason(s) for Filing (Check pi	roper box)					Ou	et (Please e	xplain)				**
New Well []		Oil	Change in	Transpo Dry Ga								
Change in Operator		Casinį, hea			sale [X]							
If change of operator give name and address of previous operat-												
II. DESCRIPTION OF	WELL.	AND LEA	ASE									
JACK FROST B			Well No. 1E			ng Formation AK GALLU	P (ASSO	CIATE	Kind o			ease No.
Location Unit Letter	М	· :	15	Feet Fr	om The	FSL Lin	e and	81.0	Fce	t From The .	FWL	Line
Section 27	Township	, 27N	l	Range	10W	,N	мрм,		SAN	JUAN		County
III. DESIGNATION O	F TRAN	SPORTE	R OF OI	L AN	D NATU	RAL GAS						
						Address (Give address to which approved copy of this form is to be sent)						
MERIDIAN OIL INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas X						3535 EAST 30TH STREET, FARMINGTON, CO 87401 Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS COMPANY If well produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually congive location of tanks.							OX_1492 y connected	1492, EL PASO, TX 79978				
If this production is commingle IV. COMPLETION D		rom any oth	er lease or p	oool, giv	e cornning)	ing order num	ber:					
Designate Type of Co	muletion :	· (X)	Oil Well	10	ias Well	New Well	Workover	De	pen	Plug Back	Same Res'v	Diff Res'v
Date Spudded			Ready to	Prod.		Total Depth	I			P.B.T.D.		_L
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation				Top Oil Cas Pay				Tubing Depth Depth Casing Shoe		
Ferforations												
		r	UBING.	CASII	IG AND	СЕМЕНТІ	NG RECO	ORD				·····
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
								· · · · · · · · · · · · · · · · · · ·				
 V. TEST DATA AND	REOUES	T FOR A	LLOWA	BLE		L						
OIL WELL (Test mu	st be after re	covery of to	tal volume d		il and muss	be equal to or					or full 24 hou	vs.)
Date First New Oil Run To Ta	nk	Date of Tes	ä			Producing M	thod (Flow,	pump, ga	s lýt, etc	:.)	. - (5)	
Length of Test		Tubing Pressure				Casing Pressure				the Lize	1 E 11	1
Actual Prod. During Test		Oil - Bbls.				Water - Bbls.				G. MCF 1 5 19	90 90	2
GAS WELL		L				L			- 16		DIV.	
Actual Prod. Test - MCI/D		Length of Test				Bbls. Condensate/MMCF				Con of Condensate		
Testing Method (paot, buck pr.	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
VI. OPERATOR CE					CE		OIL CC	NSE	RVA	TION	DIVISIO)N
Division have been complic is true and complete to the	ed with and t	hat the infor	mation give				Approv			_JUL_	5 1990	
11.//	11/1					ll Date	vhhio,	UO1				

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Signature Doug W Pointed Name

June 25, 1990 Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Ву

Title.

SUPERVISOR DISTRICT #3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Supervisor

Title

303-830-4280 Telephone No.

- 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.

