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

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III

000 RIO DIAZOS RU., MACC, MIN OTTIO				ALLOWA										
Operator	LAND	AND NATURAL GAS Well API No.												
AMOCO PRODUCTION COMPA		300452493600												
Address P.O. BOX 800, DENVER,	COLORA	DO 8020	1											
Reason(s) for Filing (Check proper box)						Other	(Please e	xplain	)					
New Well	0.1	Change in	Trans Dry											
Recompletion 1 Change in Operator	Oil Casinohe	ad Gas												
f change of operator give name	Cu anglica		-											
and address of previous operator														
I. DESCRIPTION OF WELL	AND LE		[n	Ni Indi	udina Form				Kind	of Lease		ease No.		
Lease Name GOOCH	Well No.   Pool Name, Inclu 2E   BASIN DAI			KOTA (					, Federal or Fe					
Location		1100			FNL			180	00 _		FWL	Line		
Unit Letter	. :		. Fect	From The .	QLJ	_ Line	and			Feet From The N JUAN				
Section 29 Township	28	N	Ran	ge UU		, NM	PM,			H JUAN		County		
III. DESIGNATION OF TRAN	SPORTE			ND NAT	URAL (	AS			<del></del>		, <del>:-</del> :			
Name of Authorized Transporter of Oil		or Couder			Addres	s (Give				d copy of this j				
MERIDIAN OIL INC.	head Gas or Dry Gas X					3535 EAST 30TH STREET, Address (Give address to which approved of								
Name of Authorized Transporter of Casing		لـــا	Of D	LA.	~					0, TX 7				
EL_PASO_NATURAL_GAS_CO If well produces oil or liquids, give location of tanks.	Unit 	Sec.	Twp	ı.   R <sub>i</sub>			connected		Who					
If this production is commingled with that	from any ot	her lease or	pool,	give commi	ngling orde	r pumbe	r							
IV. COMPLETION DATA		Oil Well		Gas Well	New	Wall (	Workove	, ,	Deepen	Plug Back	Same Res'v	Dilf Res'v		
Designate Type of Completion	- (X)		_ i	Gas well	i	i		i		1	<u>i                                     </u>			
Date Spudded	e Spudded Date Compl. Ready to Prod.					Total Depth					P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oi	Top Oil/Gas Pay					Tubing Depth			
Perforations						<u> </u>					Depth Casing Shoe			
				CINIO ANI	D CEMI	A PTIA	C DEC	OBE		_L				
	7	D CEME	CEMENTING RECORD					SACKS CEMENT						
HOLE SIZE	CASING & TUBING SIZE				-	DEPTH SET								
			-											
V. TEST DATA AND REQUES	T FÁÐ.	AT LOW	ARI	F						_				
OIL WELL (Test must be after r	ecovery of	iotal volume	of la	ad oil and m	usi be equa	l to or o	exceel top	allon	vable for t	his depth or be	for full 24 ho	ws.)		
Date First New Oil Run To Tank	Date of T	Produc	Producing Method (Flow, pump, gas lyt, et					E						
Length of Test	Tubing P	Casing	Casing Pressure 10 E											
Actual Prod. During Test	Oil - Ibbls.					Water - Bbis. JUL					- " 1 1			
•	<u> </u>								- 30	ZON-	DIA.			
GAS WELL									OIL	COM.	<u> </u>			
Actual Prod. Test - MCF/D	Leagth of	Length of Test					ule/MMC	F	<b>-</b>	Oracle of	Condensate			
festing Method (pnot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)					:			
VI. OPERATOR CERTIFIC	ATEO	E COM	DI I	ANCE	_									
VI. OPERATOR CERTIFIC	AIE O	e Oil Coose	rvatio	n NCE	Ш	C	OIL C	NC	SER	/ATION	DIVISION	NC		
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above						r 1000								
is true and complete to the best of my knowledge and belief.						Date Approved JUI 3 19311								
Nill.						~ /								
Supplier						By But Charge								
Doug W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT #3								
Printed Name		202	եր Մահ	le 1-4280_		Title								
<u>June 25, 1990</u> Date		 Tei		1=428U ne 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
- 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.