Subnut 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., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 300452574700 AMOCO PRODUCTION COMPANY Address P.O. BOX 800, DENVER, COLORADO 80201 Other (Please explain) Reason(s) for I sling (Check proper box) Change in Transporter of:

Dry Gas New Well Recompletion Oil Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Kind of Lease Lease No. Pool Name, Including Formation
BASIN DAKOTA (PRORATED GAS) Well No. Lease Name BOLACK A State, Federal or Fee 1E Location 1700 FNL 1520 Feet From The Feet From The Line and Unit Letter 27N SAN JUAN 11W NMPM. County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate 3535 EAST 30TH STREET, FARMINGTON, NM 87401 MERIDIAN OIL INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas [___] Rge. Is gas actually connected? PASO TX EL PASO NATURAL GAS COMPANY Twp. Unit If well produces oil or liquids, If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Diff Res'v Gas Well Oil Well Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. P.B.T.D. Date Spudded Top Oiv Cas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD KS CEMENT HOLE SIZE CASING & TUBING SIZE AUGZ 8 1990 V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top the Cally full 24 hours) OIL WELL Producing Method (Flow, pump, gas 1987) 3 Date First New Oil Run To Tank Date of Test Choke Size Length of Test Tubing Pressure Casing Pressure Gas- MCF Water - Bbls Oil - Bbls. Actual Prod. During Test GAS WELL Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test - MCF/D Choke Size Tubing Pressure (Shut-in) Casing Pressure (Shut-in) lesting Method (pilot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

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

is true and complete to the best of my knowledge and belief.

Signature
Uoug W. Whaley, Staff Admin.

Ponted Name

July 5, 1990

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

Title

Date Approved .

AUG 2 3 1990

SUPERVISOR DISTRICT #3

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

Supervisor

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.