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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III	Sa	nta Fe, New Me	exico 8750	4-2088						
1000) Rio Brazos Rd., Aztec, NM 87410		OR ALLOWAB			SAS					
Operator AMOCO PRODUCTION COMPANY				Well API No. 300451188500						
Address P.O. BOX 800, DENVER,	COLORADO 8020)1								
Reason(s) for liling (Check proper box)		/	Oth	es (Please exp	olain)					
New Well		Transporter of:								
Recompletion	Oil LA Casinghead Gas									
Change in Operator [_] If change of operator give name	Cashghead Cas [
and address of previous operator II. DESCRIPTION OF WELL	AND LEASE	BLAN	co Me	Savera	10					
Lease Name ONLER A	Well No.	ng Formation TA (PRORATED GAS) Kind of State, Formation			l Lease Federal or Fee	1	ease No.			
Location G	1850	F F	FNL		1760	et From The	FEL	Line		
Unit Letter25 Section Z5 Township	28N	Feet From The Range 10W		e and MPM,		JUAN		County		
III. DESIGNATION OF TRAN. Name of Authorized Transporter of Oil	SPORTER OF O	IL AND NATUI	Address (Gir	e address to	which approved	copy of this for	n is to be s	ient)		
ERIDIAN OIL INC.			3535 EAST 30TH STREET, FARMINGTON,					4 87401		
	me of Authorized Transporter of Casinghead Gas or Dry Gas				Address (Give address to which approved copy of this form is to be sent)					
SUNTERRA GAS GATHERING	7 1		P.O. ROX 1899 BLOOMFIELD, NM {							
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is 835 actual	y connected?						
If this production is commingled with that i	from any other lease or	pool, give commingl	ing order num	ber:						
IV. COMPLETION DATA	Oil Wel	Gas Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v		
Designate Type of Completion		i	j	<u> </u>	1	<u> l</u>				
Date Spudded	Date Compl. Ready b	o Prod.	Total Depth			P.B.T.D.				
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Οίν Gas Pay			Tubing Depth				
Perforations	<u></u>		1			Depth Casing	Slice			
	TURING	, CASING AND	CEMENT	NG RECO	ORD		<u>_</u>			
HOLE SIZE	CASING & T	55	A C C	V Cs/	K CE	MENT				
11000 0120			DEPTH DE CE				<u>₩</u> ↓			
				<i>U</i>	M 41100	R 1990				
			 		AUUA	. 51	1 1			
V. TEST DATA AND REQUES	ST FOR ALLOW	ABLE	1		OIL CC	M. DIA				
OIL WELL (Test must be after t	recovery of total volum	e of load oil and musi	t be equal to o	r exceed top o	allowable (OD)	Tepliar be fo	r full 24 ho	ours.)		
Date First New Oil Run To Tank	Date of Test		Producing N	lethod (Flow,	, pump, gas lift, i	elC.)				
Length of Test	Tubing Pressure		Casing Pres	sure		Choke Size				
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCF				
GAS WELL			-1							
Actual Prod. Test - MCT/D	Length of Test	Bbls. Condensate/MMCF			Gravity of Co	ndensate				
Testing Mediod (pitot, back pr.)	Tubing Pressure (Shut-In)		Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 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 copplete to the best of my knowledge and belief.				Date Approved AUG 2 3 1990						
NU alla-				Date Approved						
Signature Uoug W. Whaley, Staff Admin. Supervisor				By						
Printed Name Title				Title SUPERVISOR DISTRICT #3						
July 5, 1990 303-830-4280 Date Telephone 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 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.