Submit 5 Copies
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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u> </u>	·····	TO TRA	NSPC	ORT OIL	L AND NA	TURAL G.		- BCST		· · · · · · · · · · · · · · · · · · ·	
)perator AMOCO PRODUCTION COMPANY					Well API No. 300452659400						
Address P.O. BOY SOO DENVED	COLODAD	n enac	\1								
P.O. BOX 800, DENVER, teason(s) for I iling (Check proper box)	COLORAD	0 8020	<u>, 1</u>		Oth	es (l'Iease expl	ain)				
New Well		Change in			_	•					
Recompletion	Oil Casinghead		Dry Gas Condens								
hange in Operator 1 change of operator give name	Casingneat	3 O 24	Conocus	ate [_]							
d address of previous operator						· · · · · · · · · · · · · · · · · · ·	<u> </u>				
I. DESCRIPTION OF WELL case Name	AND LEA	Vell No.	Pool Na	me lactud	ing Formation		Kind	of Lease	i	ease No.	
LACKEY B LS		11A			SAVERDE (	PRORATEI	1 -				
ocation C	a	45		-	FNL	10	75		TOTAL		
Unit Letter	_ :		Feet Fro	m The	Lin	e and	975 Fe	et From The	FWL	Line	
Section 30 Townshi	28N		Range	9W	,N	мрм,	SAN	JUAN		County	
The state of the s	CRARTE	D 0E 0		. NI 4 777 I	DAT CAC	-					
II. DESIGNATION OF TRAN  Value of Authorized Transporter of Oil	SPORTE	or Conden		NATU		e address to w	hich approved	copy of this	form is to be a	ent)	
MERIDIAN OIL INC.				J	3535 EA	ST 30TH	STREET.	FARMIN	GTON. NH	87401	
lame of Authorized Transporter of Casing			or Dry C	ias 🔃	Address (Giv	ST 30TH e address to w	hich approved	copy of this	form is to be si	ent)	
EL PASO NATURAL GAS COP Well produces oil or liquids,	IPANY   Unit   Soc.		Twp. Rge.		P.O. BO	EL PASO When	PASO TX 79978				
ve location of tanks.	<u> </u>		i	i			i				
this production is commingled with that	from any oth	er lease or	pool, give	comming	ling order num	ber:			<del></del>		
V. COMPLETION DATA		Oil Well		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	ION MEN	1 0	46 WEU	New West	WOLLOVE	Deepen	I Link Dack			
ate Spuddod	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
OF BUR BE CD	N C 15	dusias Fa			Top Oil/Gas Pay						
Elevations (DF, RKB, RF, GR, etc.) Name of Producing			nnauon					Tubing Depth			
rforations	L				<b>1</b>	_ · · · · · · · ·		Depth Casi	ig Shoe		
	<u>т</u>	HRING	CASIN	G AND	CEMEN'III	NG RECOR	D	<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				CEMERTA	DEPTH SET			SACKS CEMENT		
				m F C F I			WE-IN				
					100 2 0 2 -			<del> </del>			
				UU AUG2				3 1990			
. TEST DATA AND REQUES	T FOR A	LLOW	ABLE			•					
IL WELL (Test must be after reals First New Oil Run To Tank	Date of Tes	tal volume	of load oi	l and must	Producing Me	exceed pp 44 ethod (Flow, pi	ump, gas Lift	de Mil Moa	for juli 24 hou	#S.)	
							DIS1.				
gth of Test Tubing Pressure					Casing Pressure			Choke Size			
ctual Prod. During Test	Oil - Bbls.				Water - Bbis.	Water - Bbls.			Gas- MCF		
• • • • • • • • • • • • • • • • • • •					<u> </u>			]			
GAS WELL											
utual Prod. Test - MCT/D	Length of 1	cul			Bbls. Conden	sale/MMCF		Gravity of	Condensale		
esting Method (puot, back pr.) Tubing Pressure (Shul-in)					Casing Pressure (Shut-in)			Choke Size			
smill menton thates' once had											
I. OPERATOR CERTIFIC	ATE OF	COMF	LIAN	CE	1	)II 00°	ICEDY	ATION	חוויייייי	NI.	
I hereby certify that the rules and regula					11 (	DIL CON	NOFHV	AHON	אפואות	אכ	
Division have been complied with and it is true and complete to the best of my h			en above					AUG 23	1990		
11/100	•				Date	Approve	a	~ (			
LIP. Whiley					By_		7	1) 6	2/		
Signature Uoug W. Whaley, Staff Admin. Supervisor											
Pinted Name			IIIIe		Title		SUPE	RVISOR	DISTRICT	/3	
July 5, 1990		303-1	830-42 cphone No	280							
					. 1						

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

- 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.