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

Revised 1-1-89 See Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Braus Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. ANOCO PRODUCTION COMPANY 300452620000 Address P.O. BOX 800, DENVER, COLORADO 80201 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of Recompletion Dry Gas Casinghead Gas Condensate X Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No Kind of Lease State, Federal or Fee Pool Name, Including Formation Lease No. T L RHODES C 3E BASIN DAKOTA (PRORATED GAS) 805 80 1415 Location 1100 FWL Feet From The Unit Letter Feet From The 31 28N 11W SAN JUAN Township Section Range **NMPM** County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Addicss (Give address to which approved copy of this form is to be sent) or Condensate [X]MERIDIAN OIL INC. 3535 EAST 30TH STREET, FARMINGTON, CO 87401 Name of Authorized Transporter of Casinghead Gas or Dry Gas [X] Address (Give address to which approved copy of this form is to be sent) EL PASO NATURAL GAS COMPANY P.O. BOX 1492, EL PASO, TX 79978 If well produces oil or liquids, Unit Twp. Rge. is gas actually connected? When ? Sec. give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Plug Back Same Res'v Diff Res'v foii Weii Gas Well New Well | Workover Deepen Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod P.B.T.D Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Length of Test Casing Pressure Tubing Pressure Actual Prod. During Test Oil - Bbls Water - Bbis GAS WELL Actual Frod. Test - MCF/D Length of Test Bbis. Condensate/MMCI OIL CON: PHY: Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (mot. back or) 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 is true and complete to the best of my knowledge and belief. Date Approved Signature Doug W. Whaley, Staff Admin Supervisor SUPERVISOR DISTRICT #5 Panted Name Title Title June 25, 1990 303-830-4280. 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.