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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 Instruction

at Bottom of Page OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Anesia, NM 88210 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 AMOCO PRODUCTION COMPANY 300450820200 Address P.O. BOX 800, DENVER, COLORADO 80201 Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of:

Dry Gas New Well Recompletion Casinghead Gas Condensate Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease
BLANCO MESAVERDE (PRORATED GASSiale, Federal or Fee Well No. Lease No. VANDERWART A LS 3 Location 990 990 FWL Unit Letter Feet From The Line and Feet From The 13 29N 8W SAN JUAN Township Section County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) MERIDIAN OIL INC. 3535 EAST 30TH STREET, FARNINGTON, NN 87401 Address (Give address to which approved copy of this form is to be sent) or Dry Gas [___] Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS COMPANY P.O. BOX 1492 PASO, TX If well produces oil or liquids, Twp. Rgc. is gas actually connected? give location of lanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oit Well Gas Well New Well | Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth 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 Perforations TUBING, CASING AND CEMENTING REC HOLE SIZE **CASING & TUBING SIZE** DEPTH OIL CON. DIV CAST. 3 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 allowable for this depth or be for full 24 hours) OIL WELL Date First New Oil Run To Tank Producing Method (Flow, pump, gas lyt, etc.) Date of Test Casing Pressure Choke Size Lehgth of Test Tubing Pressure Actual Prod. During Test Oil - Hbls. Water - Bbls. Gas- MCF **GAS WELL** Actual Prod. Test - MCT/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size 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 AUG 2 3 1990 is true and complete to the best of my knowledge and belief. Date Approved Signature Doug W. Whaley SUPERVISOR DISTRICT /3

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

Printed Name

July 5, 1990

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.

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

<u>Supervisor</u>

Title

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.