Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

## 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

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  TO TRANSPORT OIL AND NATURAL GAS			
Operator D L	. 0	Well Al	1 No. 045-21088
Amoco Product	λ ο ο		0424 8108 8
P.O. Box 800  Reason(s) for Filing (Check proper box)	, Denver, Co &	Olher (Please explain)	
New Well	Change in Transporter of:	NAME CHANG	
Recompletion	Oil Dry Gas Casinghead Gas Condensate	VANDERWART	A LS # 7
f change of operator give name and address of previous operator			
II. DESCRIPTION OF WELL A	ND LEASE		
Lease Name VANDERWART	A Well No. Pool Name, Includin	ig Formation Churen Cliffs Kind of State, F	Lease Lease No. SE078502
Location			
Unit Letter	: 1600 Feet From The EA	- <del>-</del>	t From The FEL Line
Section 14 Township	29N Range $8W$	, NMPM, SAN JU	IAN County
	SPORTER OF OIL AND NATU	RAL GAS	GI Control
Name of Authorized Transporter of Oil  Meribian Oil, In	or Condensate	Address (Give address to which approved copy of this form is to be sent)  3535 E. 30 Str. FARMINGTON NM 87401	
Name of Authorized Transporter of Casing	head Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural G	Unit Sec. Twp. Rge.	Is gas actually connected? When	INGTON UM 87499
give location of tanks.			
If this production is commingled with that f  IV. COMPLETION DATA	rom any other lease or pool, give commingli	ing order number:	
Designate Type of Completion	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
			Depth Casing Shoe
Perforations			Depair Casing Since
	TUBING, CASING AND		SACKS CEMENT
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DATA AND REQUES OIL WELL (Test must be after r	ST FOR ALLOWABLE recovery of total volume of load oil and must	t be equal to or exceed top allowable for thi	s depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift,	
Length of Test	Tubing Pressure	Casing Pressure	Stoke Size
		Water - Bbls.	11 U
Actual Prod. During Test	Oil - Bbls.	TRACCI - DUIS.	011 (004)
GAS WELL			OIL CON. DIV.
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Belief and
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFICATE OF COMPLIANCE		011 00110551	ATION DUVIOLON
I 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 complete to the best of my knowledge and belief.		Date Approved	JUL // 1991
D. W. Whale 2.		2110	
Signature Signature Start Admin Super		SUPERVISOR DISTRICT #3	
Printed Name	7202) 820. 42PA	Title	
7-16-91	Talahara No	II .	

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.