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 II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

(O) Kill Blatta Ku., Macc, Mile	REQU	JEST FO	OH AL	TOMVR	AND NAT	TURAL 7	TIZAT BAS	ION				
perator	<u></u>	TOTHA	MOPC	JAT UIL	VIAD IAY	UFIAL	ano	Well A		 ·		
AMOCO PRODUCTION COMPANY						300452236100						
Address P.O. BOX 800, DENVE	R COLORA	DO 8020	01									
teason(s) for Filing (Check proper be					Oth	ex (Please ex	plain)					
kew Well		Change in										
tecompletion 📋	Oil		Dry Ga									
hange in Operator	Casingho	ad Gas	Conden	sale [_]								
change of operator give name ad address of previous operator												
L DESCRIPTION OF WE	LL AND LE	EASE									ase No.	
Lease Name VANDERWART A LS		Well No. 1A	Pool N BLA	ame, Includi NCO MES	ng Formation AVERDE	(PRORAT	ED G	Kind o	Lease Rederal or Fee			
Location P		800	_ Feat Fr	van The	FSI. Lin	e and	800	Fo	a From The	FEL	Line	
11 _	vnship 29	N	Range	8W	, N	MPM,		SAN	JUAN		County	
II. DESIGNATION OF TI	RANSPORT	ER OF	IL AN	D NATU	RAL GAS	o attress to	o which	approved	copy of this fo	wm is to be se	nı)	
Name of Authorized Transporter of (П	or Conde										
MERIDIAN OIL INC. Name of Authorized Transporter of (Casinghead Gas		or Dry	Gas []	Address (Gi	ne address u	o which	approved	copy of this fo	TON NM	n) 67401	
EL PASO NATURAL GAS					P.O. BO	X 1492	- EL		ነ TX 79			
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp.	_i		<u> </u>	17	When	ን 			
f this production is commingled with	that from any o	ther lease o	r pool, gi	ve comming	ling order sum	ber: _						
IV. COMPLETION DATA		- Louis	 ,-	C - W-11	New Well	Workove		Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Comple	tion - (X)	Oit We	:u 1: 	Gas Well	New West	1	" i_			i	<u>i</u>	
Date Spudded		Date Compl. Ready to Prod.				Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	vations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth		
Perforations									Depth Casi	ig Slice		
		TUBINO	G. CAS	NG AND	CEMENT	ING REC	ORD					
HOLE SIZE	OLCHIO & TURING CIT				DEPTH SET				SACKS CEMENT			
HOLE OILE												
					ļ							
V. TEST DATA AND REC	THEST FOR	ALLOV	VABLE	<u> </u>	_ 				-1			
OIL WELL (Test must be	after recovery a	f total volun	ne of load	l oil and mu	st be equal to	or exceed top	p allow	ble for th	is depth or be	for full 24 ho	ws.)	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						Method (Flo	w, ритұ	, gas sys,	e12./			
Length of Test	Tubing	Tubing Pressure				Casing Pressure				PESEINE		
Actual Prod. During Test	Oil - IiI	Oil - Bbls.				Water - Bbis.				AUG2 3 1990		
									1 730		DIV.	
GAS WELL		- FAC			Bhis Cond	спрак/ММС	ĊF		Olly		<u> </u>	
Actual Prod. Test - MCI/D	Length	Length of Test				Bott. Contramo navig.				Otoke Size		
festing Method (pilot, back pr.)	Tubing	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				c		
VI. OPERATOR CERT	IFICATE (OF CON	APLIA	NCE			ONIG	SEDV.	/ΔΤΙΩΝ	DIVISI	ON	
I hereby certify that the rules are	d regulations of	the Oil Con	servation			OIL C	ON.				٠.٠	
Division have been complied w	ith and that the i	aformation	BIACE PDC	946					IG 2 3 19	UCU		
is true and complete to the best	or my knowledy	Se and Delic	١.		Da	te Appr			Λ			
NIII	1-						7	المند) Oh	-		
Signature						By SUPERVISOR DISTRICT #3						
Doug W. Whaley, Staff Admin. Supervisor						lo.	20	LEUAI	JUH WIS			
Printed Name		303	3=830=	4280	Tit	IG						
			Telephon	No.	- H						-	

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 1, 11, 111, 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.