Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, 1kibbs, 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

CLECT FOR ALLOWARIE AND ALITHORIZATION

•			NSPORT OIL								
Operator	<u>_</u>	UINA	NSFORT OIL	AND IVA	ONAL	<u> </u>	Well A	Pl No.			
AMOCO PRODUCTION COMPANY							300	45227150	00		
Address P.O. BOX 800, DENVER,	COLORADO	8020	1								
Reason(s) for Filing (Check proper box)				∐ Ou	et (Please et	plain)				
New Welt			Transporter of:								
Recompletion	Oil Codemband		Condensate								
Change in Operator	Casinghead	GAR []	COROCRESIS								
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	ANDIRA	CE.									
Lease Name HUGHES LS		Well No. 1 A	Pool Name, Includi BLANCO MES	ng Formation AVERDE	(PRORAT	ED	Kind o	of Lease Federal or Fed		asc No.	
Location C Unit Letter	. 92	25	Feet From The	FNL Lin	e and	850	Fe	et From The	FWL	Line	
Section 19 Section Townshi	29N	29N Range 81		, N	NMPM, SAN			JUAN County			
			u . nun hi . mri i	D.I. G.C							
III. DESIGNATION OF TRAN		R OF OI or Couden		Address (Ci	e alibers to	whir	h approved	copy of this f	urm is to be se	nt)	
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
MERIDIAN OIL INC.	3535 EAST 30TH STREET, FARNINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sent)										
Name of Authorized Transporter of Casing	1										
EL PASO NATURAL GAS CO	Soc.	Twp. Rge.	ls gas actually connected? When				ት TX 79978				
If well produces oil or liquids, give location of tanks.	Unit		1				_i				
If this production is commingled with that	from any other	r lease or	pool, give commingl	ing order num	ber:						
IV. COMPLETION DATA		·									
		Oil Well	Gas Well	New Well	Workove	-	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		1		1	1			<u> </u>	i	1	
Date Spudded	udded Date Compl. Ready to Prod.				Total Depth				P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fo	Top Oil/Gas Pay				Tubing Dep	Tubing Depth			
Perforations					Depth Casing Slice						
		LIBING	CASING AND	CEMENT	NG REC	ORE	<u> </u>				
HOLE SI SE					DEPTH SET				SACKS CEMENT		
HOLE SIZE	CASING & TOBING SIZE										
	·			†				1			
	1										
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLE .				- 5	A.E.I	W.E.F	ก	
OIL WELL (Test must be after	recovery of to	tal volume	of load oil and must	be equal to o	r exceed top	allo	THE B	- W- C- "	INTERNAL	#	
Date First New Oil Run To Tank	Date of Tes	4		Producing M	sethod (Flow	, pun		uc.J	L L	9	
				Casing Press	aire		<u> </u>	14 62 3 .	1990		
Length of Test	Tubing Pre	zm.c		Taning , res			•	L COA	Via i		
Actual Prod. During Test	Oil - Bbls.			Water - Bbl	<u> </u>		Of	HOEON	I ' NIA +		
Actual Prod. During Teat	Oil - Doile.					DIST. 3					
O C C PUCI I											
GAS WELL Actual Prod. Test - MCF/D	[] coult of	l'est		Bbls. Conde	asale/MMC	F		Gravity of	Condensate		
ACTUAL ITOU. 1681 - MICHAEL	Length of Test						7 · · · · · · · · · · · · · · · · · · ·				
l'esting Method (pitot, back pr.)	Tubing Pre	soure (Shu	Casing Pressure (Shut-in)			Choke Size					
VI. OPERATOR CERTIFIC	CATE OF	COMI	PLIANCE		OII	~ k I	CEDV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation						אוע	SERV	4 1 1 O 1 A	000 カ! A 1つじ	J14	
Division have been complied with and that the information given above					AUG 2 3 1990						
is true and complete to the best of my	Exowicase at	na velici.		Dat	e Appro	vec	l				
1111.111					• •		مسدة	s d	/		
Lit. Whiley								-	~~		
Boug W. Whaley, Staff Admin, Supervisor									TRICT	3	
Printed Name			Tale	Title	ə						
July 5, 1990		303=	830=4280 cphone No.	1							
Date		100	characters.	11 .							

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.
- 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.