Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT 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 Santa Fe, New Mexico 87504-2088

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

OUTGOT COD ALLOWARD C AND AUTHORIZATION

					AND NA						
perator						Well API No.					
AMOCO PRODUCTION COMPA	NY						300	4508429	00		
Address P.O. BOX 800, DENVER,	COLORADO	80201									
Reason(s) for Filing (Check proper box)		· · · · · · · · · · · · · · · · · · ·			Oth	t (Please exp	lain)				
New Well L.J. Recompletion	Oil	Change in Tr	ansporte ry Gas	r oi:							
Change in Operator		Gas 🔲 C	-	ıc 🗓							
change of operator give name											
I. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name Well No. Pool Name, Includin									if Lease Lease No. Federal or Fee		
Location			DASII	DAKC	IN (INO	WIED ON					
Unit LetterN	:2	70 F	eet From	The	FSL Line	and1	450 Fc	et From The	FWL	Line	
Section 07 Townshi	29N	29N Range 9W			, NMPM, SAN			JUAN	JUAN County		
II. DESIGNATION OF TRAN	CDADTER	OF OIL	AND	NATII	DAL CAS						
Name of Authorized Transporter of Oil		or Condensal			Address (Giv	e address to w	which approved	copy of this f	orm is to be se	nt)	
MERIDIAN OIL INC.					3535 €	AST 30TH	STREET,	FARMIN	GTON, CC	87401	
Name of Authorized Transporter of Casing	chead Gas	or	r Dry Ga	ı. (X)	Address (Giv	e address to w	vhich approved	copy of this f	orm is to be se	ni)	
EL PASO NATURAL GAS—CO (well produces oil or liquids, ive location of tanks.		Soc. T	Twp. Rge. ls gas actually connected? PASO, When 7				1 TX 7	9978 - -			
this production is commingled with that	from any othe	r lease or po	ol, give (comming	ing order num	per:					
V. COMPLETION DATA		lauw n	1 0	117.4	1 81 111.11	1 11/-4	I Danes	Due Deck	Same Res'v	Diff Res'v	
Designate Type of Completion		Oit Well 	i Gai	Well	New Well	Workover 	Deepen	Link pack	Jame Kes 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 Dep	Tubing Depth		
Perforations					Depth Casing Shoe						
			. 011		OEL (EL PE	UC BECOM					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			1	SACKS CEMENT		
HOLE SIZE											
				· · · · · · ·				ļ			
					ļ						
. TEST DATA AND REQUES	T FOR A	LLOWAI	BLE								
IL WELL (Test must be after r			load oil	and must	be equal to or	exceed top al	llowable for this ownp, gas lift, a	s depth or be	for full 24 hou	rs)	
Date First New Oil Run To Tank Date of Test					Licencing M	eukou (Piow, p	mrφ, gas sys, s	/			
Length of Test	Tubing Pressure			Casing Press	ric	0	E E E	IVE	Ď.		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis			Gas- MCF		<u>U</u>	
Actual Flow. During Too.					Water - Bbls.			JUL 2 1990			
GAS WELL								_			
Actual Prod. Test - MCF/D	Length of Test			Bbis. Condensate/MMCF			Inconing to				
eating Method (putot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Choke Size	3		
cating intention (photo, ones p. y								<u> </u>			
VI. OPERATOR CERTIFIC				CE	(OIL CO	NSERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					JUL 2 1990						
is true and complete to the best of my knowledge and belief.					Date Approved						
NIIII					- Bil dans						
Signature					∥ By_	By					
Doug W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT #3					
Printed Name June 25, 1990		_303-83	30=42	_08	Title						
Date		Teleph	none 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.