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Appropriate Instrict Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Furm C-104 Revised 1-1-89 See Instructions 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 Bratos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 300452233800 AMOCO PRODUCTION COMPANY Address P.O. BOX 800, DENVER, COLORADO 80201 Reason(s) for Filing (Check proper box) Other (Please explain) New Well [ ] Change in Transporter of: Dry Gas Recompletion Casinghead Gas Condensate X Change in Operator If change of operator give name and address of previous operator H. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Lease Name A L ELLIOTT D BLANCO MESAVERDE (PRORATED GAState, Federal or Fee 1A Location 1710 Unit Letter Feet From The Feet From The Line 12 Township 9W SAN JUAN NMPM, County HL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) or Condensate 3535 EAST 30TH STREET, FARMINGTON, CO. 87401. Address (Give address to which approved copy of this form is to be sent) MERIDIAN OIL INC. - Name of Authorized Transporter of Casinghead Gas or Dry Gas [X] EL PASO, TX 79978 EL PASO NATURAL GAS COMPANY P.O. BOX 1492. Twp. If well produces oil or liquids, is gas actually connected? Unit Rgc. ive location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover | Deepen | Plug Back | Same Res'v | Diff Res'v Gas Well Oil Well Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Lubine Deoth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT HOLE SIZE CASING & TUBING SIZE DEPTH SET V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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) Producing Method (Flow, pump, gas lyt, etc.) Date First New Oil Run To Tank Date of Test Choke Size Length of Test Tubing Pressure Actual Prod. During Test Oil - Bbls. GAS WELL Gravity of Condensate Actual Prod. Test - MCI/D Length of Test OIL CON. DIV. Casing Pressure DIST. Choke Size Tubing Pressure (Shut-in) l'esting Method (pitot, back pr.) 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 is true and complete to the best of my knowledge and belief. Date Approved \_ li

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

Signature Doug W. Whaley, Staff Admin. Supervisor

Printed Name

June 25, 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\_

SUPERVISOR DISTRICT 13

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

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.