STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

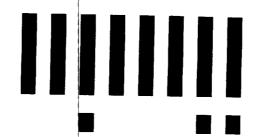
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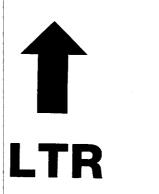
OIL CONSERVATION DIVISION P O. BOX 2088 SANTA FE. NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	ASPORT UIL AND NATURAL GAS
Amoco Production Company	
501 Airport Drive Farmington, NM 87401	
New Well Change in Transporter of:	Other (Please explain)
Recompletion OII	REGETTE
Change in Ownership Gasinghood Gas	Condensore
	JAN 2 2 100
If change of awnership give name and address of previous owner	04.0
	UIL CON.
II. DESCRIPTION OF WELL AND LEASE	DIST. 3
Tell No. Pool Name, Including	Ledse No.
[Location A 3A Blanco Me	saverde State, Foderal as Foo Federal 576337
Unite Letter C : 1110 Feet From The North	
The state of the s	ine and 1520 Foot From The Wast
Line of Section /7 Township 29N Range	9 W . NMPK: San Juan Caupity
M DESCNATION OF THE	Caunty
M. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	<u>L GAS</u>
Permian Corp. Permian (Eff. 9 / 1 /87)	Andress (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghed Cas or Ory Cas	P. O. Box 1702 Farmington, NM 87499
El Paso Natural Gas Company	P. O. Box 990 Farmington, NM 87401
If well produces all or liquids. Unit , Sec. Twp. 9qs.	is das actually connected? When
$\frac{1}{1}$	
If this production is commingled with that from any other lease or pool,	give commingling order numbers
NOTE: Complete Parts IV and V on reverse side if necessary.	
VI. CERTIFICATE OF COMPILANCE	011 0000000
	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 is true and complete to the best of	APPROVED
my knowledge and belief.	
<i>/</i>	DESIGN OF THE PARTIES DIST 113
$O \setminus C \setminus$	TITLE DEPUTY OIL & GAS INSTECTOR, DIST. #3
()())haw	This form is to be filed in compliance with RULE 1104.
Signaswe)	If this is a request for allowable for a negly deliled and
Admin. Supervisor	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
(Tule)-	All sections of this form must be filled out completely for allowable on new and recompleted wells.
1-2-85	Fill out only decisions to the and M for channel
	well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply
И	completed wells.







Job separation sheet

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Diamei DD, rineme, rine	Santa Fe, New Me	XICO 0/JU4-2000			
TRICT III U Rio Brazos Rd., Aziec, NM 87410	REQUEST FOR ALLOWAB	LE AND AUTHORIZATION			
	TO TRANSPORT OIL	1 44013 241			
erator MOCO PRODUCTION COMPA	NY	3004	52419200		
.O. BOX 800, DENVER,	COLORADO 80201	(O) (O) (O)			
son(s) for liling (Check proper box)		Other (Please explain)			
w Well	Change in Transporter of: Oil Dry Gas				
completion	Casinghead Gas Condensate X				
lunge of operator L.J. hunge of operator give name address of previous operator					
DESCRIPTION OF WELL	AND LEASE Well No. Pool Name Include	no Furnation Kind of	Lease Lease No.		
ase Name D HEATH A	3A BLANCO MES	SAVERDE (PRORATED GASSiate, F			
ocation C	. 1110 Feet From The	FNL Line andFce	From TheLine		
Unit Letter	29N Range 9W	, NMPM, SAN	JUAN County		
		DAL CAS			
I. DESIGNATION OF TRAI	NSPORTER OF OIL AND NATU		copy of this form is to be sent)		
MEDIDIAN OIL INC.		3535 EAST 30TH STREET, Address (Give address to which approved	FARMINGTON, CO 8/401 copy of this form is to be sent)		
anie of Authorized Transporter of Casi	nghead Gas or Dry Gas X	P.O. BOX 1492, EL PASO	TX 79978		
EL PASO NATURAL GAS C well produces oil or liquids,	OMPANY Unit Sec. Twp. Rge.		i		
ve location of tanks.	A committee leave or pool give commin	ling order number:			
this production is commingled with the V. COMPLETION DATA	at from any other lease or pool, give comming		Phus Back Same Res'v hiff Res'v		
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v Diff Res'v		
Designate Type of Completio	n - (X)	Total Depth	P.B.T.D.		
Pale Sputhled		Top Oil/Gas Pay	Tubing Depth		
levations (DF, RKB, RF, GR, etc.) Name of Producing Formation		top Oludas 149			
'erforations			Depth Casing Shoe		
	TUBING CASING ANI	CEMENTING RECORD	1		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
HOLE SIZE					
V. TEST DATA AND REQU	EST FOR ALLOWABLE	ton allowable for the	us depth or be for full 24 hours)		
IL WELL (Test must be after	er recovery of total volume of total oil and the	Producing Method (Flow, pump, gas lyt,	elc.)		
Date First New Oil Run To Tank	Date of Test		Choke Size		
Length of Test	Tubing Pressure	Casing Pressure	ECFIVEM		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			
			JUL 5 1990		
GAS WELL [Actual Prod. Test - MCF/D]	Length of Test	Bbls. Condensate/MMCF	OIL CON DIV		
		Casing Pressure (Shut-in)	and 157. 3		
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				
VI. OPERATOR CERTIF	FICATE OF COMPLIANCE	OIL CONSER	VATION DIVISION		
n	regulations of the Oil Conservation and that the information given above	11	JUL 5 1990		
is true and complete to the best of	my knowledge and benefit	Date Approved	1		
D. H. Shley		By Bul Chang			
Signature Doug W. Whaley, Staff Admin. Supervisor		_ Supe	SUPERVISOR DISTRICT (3)		
Printed Name	303-830-4280_	Title			
June 25, 1990	Telephone 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.