Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II
P.O. Drawer DD, Anesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department Furm C-104 Revised 1-1-89 See Instructions at Buttom of Page -1-

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TO TRA	NSF	PORT OIL	AND NATUR	AL GA	S			
Operator AMOCO PRODUCTION COMPA		Well API No. 3004509351								
Address										
P.O. BOX 800, DENVER,	COLORAL	00 8020	1		Other (l'le	ase explai	in)			
Reason(s) for Filing (Check proper box) New Well		Change in	Trans	porter of:		,	•			ļ
Recompletion	Oil		Dry (Gas 🔲						
Change in Operator	Casingho	ad Gas 🗌	Cond	cossie						
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LE	ASE								
Lesse Name FLORANCE /Z/	Well No. Pool Name, Includir 40 BLANCO (MI			· • · · · · · · · · · · · · · · · · · ·			of Lease Lease No. DERAL SF078578			
Location G Unit Letter		1650	. Feet	From The	FNL Line and	1	825 Fee	i From The .	FEL	Line
Section 21 Township	30) N	Rang	e 8W	, NMPM,		SAI	NAUL V		County
III. DESIGNATION OF TRAN	CBADTI	2D OF 0	11 A	ND NATH	DAT GAS					
Name of Authorized Transporter of Oil MEREDIAN OLL INC.	Address (Give address to which approved copy of this form is to be sen)									
	3535 EAST 30TH STREET, FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sent)									
Name of Authorized Transporter of Casing NORTHWEST_PIPELINE_CO	thead Gas २४१२सATI	HON S	or Di سات	ry Gas 🗀	SP.O. BOX 8900, SALT LA			NKE CIT'	7, UT 8	4108-0899
If well produces oil or liquids, give location of tanks.	Unit	Soc.	Twp		is gas actually connected? When ?					
If this production is commingled with that	from any of	her lease or	pool. 1	eive comming	ing order number:					
IV. COMPLETION DATA	.,,		<i>g</i>							_,
Designate Time of Consulation	- (X)	Oil Wel	1	Gas Well	New Well Wo	rkover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion Date Spudded	pl. Ready i	o Prod		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
						25000				
	TUBING, CASING AND							SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE			SIZE	DEPTH SET					
	 									
								ļ		
	- FOR	41100	7 A D I	E	1		· · · · · · · · · · · · · · · · · · ·	J		
V. TEST DATA AND REQUES OIL WELL (Test must be after to	ecovery of	ALLUN	ABL e of loa	ic ad oil and mus	i be equal to or exce	ed top alle	owable for thi	depth or be	for full 24 hou	rs.)
Date First New Oil Rua To Tank	Date of T				Producing Method	(Flow, pu	ump, gas lýt, a	ic.)		
					Choke Size					
Length of Test	Tubing P	TELEUITE TELEVIT			Casing Pressure				ŀ	
Actual Prod. During Test	Oil - RPI	L .			Water - Bbls.	FEF	3 2 5 199	Gas- MCF		
CACAVELL	ــــــــــــــــــــــــــــــــــــ				1	भार	CON.	<u> </u>		
Actual Prof. Test - MCT/D	Leagth o	Test			Bbls. Condensate/	MMCF	णझ. ३	Gravity of	Condensate	
	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
lesting Method (paot, back pr.)	od (puot, back pr.) [tubing rressure (Shui-un)									
VI. OPERATOR CERTIFIC	CATEC	F COM	PLI	ANCE	Oll	CON	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					OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.					Date Approved FEB 2 5 1991					
NH Mly					7 A /					
Signature Doug W. Whaley, Staff Admin. Supervisor					By SUPERVISOR DISTRICT #3					
Printed Name February 8, 1991		303	Մ:Մ 230-	-4280	Title					
Date			ccphot	ne 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.