Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

OW Rio Brazos Rd., Aztec, NM 87410	REQ			_		AUTHORII TURAL GA					
peratur AMOCO PRODUCTION COMPANY						Well API No. 300452201900					
Address P.O. BOX 800, DENVER,		DO 8020)1								
Reason(s) for Filing (Check proper box) New Well Recompletion	Oil	Change in	Transpo Dry Ga		Ou Ou	et (Please expl	iin)				
Change in Operator	Casingho		Conden			 					
change of operator give name and address of previous operator											
I. DESCRIPTION OF WELI	L AND LE		In- IN		F		Vind	of Lease	1,	ase No.	
MOORE		5A			ng Formation SAVERDE	(PRORATEI					
O Unit Letter	:	890	_ Feet Fr	om The	FSL Lir	e and	515 Fe	set From The .	FEL	Line	
9	9 30N			8W	, NMPM, SA			N JUAN County			
II. DESIGNATION OF TRA	NSPORT			D NATU	RAL GAS					<u></u>	
Name of Authorized Transporter of Oil or Coudensate					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					3535 EAST 30TH STREET, FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sent)						
SUNTERRA GAS GATHERING CO.				Ros	P.O. BOX 1899, RLOOME is gas actually connected? Wh						
f well produces oil or liquids, ive location of tanks.	Unit	Soc.	<u> </u>	_i							
this production is commingled with the V. COMPLETION DATA	at from any o	ther lease or	pool, giv	ve comming							
Designate Type of Completio		Oil Well	i_	Gas Well	İ	Workover	Deepen	j,	Same Res'v	Diff Res'v	
Date Spudded	Date Con	npi. Ready t	o Prod.		Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
erforations								Depth Casing Shoe			
		TUBING	CASI	NG AND	CEMENT	NG RECOR	220	EIM	[[1]		
HOLE SIZE	C,	ASING & T	UBING	SIZE	ļ	DEPTH S) E W	100	SACKE SEM	ENT	
					<u> </u>		W AUG	2 3 1990			
							• -		1V		
V. TEST DATA AND REQU	ECT FOR	ALLOW	ARIE					.NO.			
V. TEST DATA AND REQUIDED IL WELL (Test must be after	r recovery of	total volume	of load	oil and mus	be equal to o	r exceed top all	owable for th	depili or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing P	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbl	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL	L				J			-J			
Actual Prod. Test - MCI/D	Length of Test				Bbls. Conde	Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing F	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Cloke Size		
VI. OPERATOR CERTIFI				NCE		OIL COI	NSERV	ATION	DIVISIO	ON	
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.					AUG 2 3 1990						
NILION.	-					e Approve	;u		1	<u></u>	
Signature Uoug W. Whaley, Staff Admin. Supervisor					Ву	By SUPERVISOR DISTRICT 13					
Printed Name July 5, 1990			Title 830=4		Title	9					
Date - 7(17 - 7 + 1737			Ichinne	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.