Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III 1000 Rio Bratos Rd., Aziec, NM 87410 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWARI F AND AUTHORIZATION

					AND NA								
Operator AMOCO PRODUCTION COMPA				PI No. 4523732(									
Address P.O. BOX 800, DENVER,	COLORAD	0 80201	1										
Reason(s) for Filing (Check proper box)  New Well  Recompletion		Change in T	Fransporte Dry Gas		Oth	et (Please e	xplain)						
change of operator give name							-						
and address of previous operator	AND LEA	CIC.											
I. DESCRIPTION OF WELL . Lease Name HARE GAS COM B					g Formation TA (PROI	RATED (	GAS)		Lease Federal or Federal		Lea	se No.	
Unit LetterE		500	Feet From	The	FNL Lin	e and	1060	Fee	t From The	F	WL	Lán	ic
Section 23 Township	29N		Range	11W	, NI	мрм,		SAN	JUAN			County	
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil  MERIDIAN OIL INC. Name of Authorized Transporter of Casing		or Condens	214	XO	Address (Giv	AST 30	TH ST	REET,	copy of this for FARMIN copy of this for	GTON,	_co_	8740	1
EL PASO NATURAL GAS CO If well produces oil or liquids, ive location of tanks.	MPANY		Twp.		P.O. BOX 1492, EL PASO, is gas actually connected? When?								
this production is commingled with that I V. COMPLETION DATA	from any othe	·				,		<u> </u>					
Designate Type of Completion	- (X)	Oit Wett	Gar	. Weil	New Well	Workove 	r   D	eepen	Plug Back	Same R	les'v	Diff Res'	′
Date Spudded Date Compl. Ready to Prod.					Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	(DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
'erforations					Depth Casing Slice								
	TUBING, CASING AND C								·				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT				
	l												
V. TEST DATA AND REQUES OIL WELL (Test must be after r.	ecovery of tot	al volume o	BLE fload oil	and must	be equal to or Producing M					for full 2	4 hours	r.)	
Date First New Oil Run To Tank	Date of Test				Producing M	enem Itioi	, punp.	gus zyr, e					
Length of Test	Tubing Pressure				Casing Pressure  Water - Bbls.				SET.	YE	ħ		
Actual Prod. During Test	Prod. During Test Oil - Bbls.					•	U\	ı Ju	Gas- MCF 5 19	90.	W		
GAS WELL							1	)/L (					
Actual Prod. Test - MCT/D	Length of T	eri			Bbls. Conder	sale/MMC	F	7.0	DIST. 3	onden i	alc .		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shul-in)				Choke Size				
VI. OPERATOR CERTIFIC  Thereby certify that the rules and regul	ations of the	Oil Conserv	ation	CE		OIL C	SNC	ERV	ATION				
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						30		
_ L. H. Uhley					By_				3	) (	the	/	
Signature Doug W. Whaley, Staff Admin. Supervisor Frinted Name Title					Title				SUPERVI	SOR	DIST	RICT	13
June 25, 1990 Date			30-42 Ohone No.										

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

- 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) Vill 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.