<u>DİŞTRICT I</u> P.O. Box 1980, Hobbs, NM -88240

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

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

See Instructions at Bottom of Page

I.			RLE AND AUTHOR		J.			
Openiur 10 THATOTAL V					Well API No.			
AMOCO PRODUCTION COMP.	ANY			30	00452400100		·· <del>·</del> · · · · · · · · · · · · · · · · ·	
P.O. BOX 800, DENVER,	COLORADO 8020	01						
Reason(s) for Filing (Check proper box)	~		Other (Please ex	plain)				
New Well		Transporter of:						
Change in Operator	Casinghead Gas	,						
f change of operator give name and address of previous operator		The state of the s				_		
I. DESCRIPTION OF WELL	ANDIFACE							
Lease Name	Weil No. Pool Name, Includ				d of Lease	Lease No.		
MCCARTY GAS CON B	1E	BASIN DAK	OTA (PRORATED GA	AS) Stat	e, Federal or Fee			
Location G	1680	_	FNL	670		FEL		
Unit Letter	-:	Feet From The	Line and		Feet From The		Line	
Section 16 Townsh	ip29N	Range 11W	, NMPM,	SA	AN JUAN		County	
II. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	or Conden		Address (Give address to	hich approv	ed copy of this form	is to be seril)		
MERIDIAN OIL INC.  Name of Authorized Transporter of Casin	3535 EAST 30TH STREET, FARMINGTON, CO 87401 Address (Give address to which approved copy of this form is to be sent)							
EL PASO NATURAL GAS CO	-	or Dry Gas [X]						
If well produces oil or liquids,		Twp. Rgc.	P.O. BOX 1492 Is gas actually connected?	Who	:0?	78		
ive location of tanks.  this production is commingled with that	.]	ll						
V. COMPLETION DATA	from any other lease or	poor, give commung	ling order number:					
Designate Type of Completion	(Y) Oil Well	Gas Well	New Well   Workover	Deepen	Plug Back Sar	ne Res'v	if Res'v	
Date Spudded	Date Compl. Ready to	Prod.	Total Depth	1	1			
					P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Form		nnation	Top Oil/Gas Pay		Tubing Depth			
erforations	<u> </u>		1		Depth Casing SI			
		<del> </del>	I					
HOLE SIZE				CEMENTING RECORD				
TIOLE SIZE	CASING & TU	DING SIZE	DEPTH SET		SACKS CEMENT			
. TEST DATA AND REQUES	T FOR ALLOWA	BLE						
IL WELL (Test must be after r	ecovery of total volume i		be equal to or exceed top a.			ull 24 hours.)		
bate First New Oil Run To Tank	Date of Test		Producing Method (Flow, p	wnp, gas lift,	elc.)			
ength of Test	Tubing Pressure		Casing Pressure		Choke Size			
ictual Prod. During Test	O. M.		IV. BU		DECEIVED			
icinal Field. During 1681	Oil - Bbls.		Water - Bbls.	D	A A E	9 6	ł]}	
JAS WELL				B1	JUL 51	990	<u>ي.                                    </u>	
ictual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Cond	nede		
ation Mark of Color & Color	Tubing Pressure (Shut-in)		CONTRACTOR OF THE STATE OF THE		OIL CON			
ating Method (pitot, back pr.)			Casing Pressure (Shul-in)		ChokeDIST. 3			
I. OPERATOR CERTIFIC	ATE OF COMP	LIANCE			_L			
I hereby certify that the rules and regula			OIL CO	NSERV	'ATION DI	VISION		
Division have been complied with and t is true and complete to the best of my k	JUI 5 1990							
11.100			Date Approve	3d				
Signature Signature		<del></del>	Ву		المندة	Thom/	,	
Doug W. Whaley, Stat	<u>f Admin. Supe</u>		,	S	UPERVISOR	DISTRICT	. 13	
Printed Name		Title	Title				• ٦	

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

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.

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

\_303=830=4280\_\_ Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or numbe, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.