Submit 5 Copies
Appropriate District Office
DISTRICT I P.O. Box 1980, Hot by NM 88240

Location

Length of Test

GAS WELL Actual Prod Test - MCT/D

Actual Prod. During Test

Date First New Oil Run To Tank

Testing Method (pn n, back pr)

July 5, 1990.

Unit Let es

Name of Authorized Transporter of Oil

MERIDIAN OIL INC.

Α

Township

22

Name of Authorized Transporter of Casinghead Gas

SUNTERRA GAS GATHERING CO

990

or Condensate

30N

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

State of New Mexico Energy, Minerals and Natural Resources Department

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

County

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, A tesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT ET 1000 Rio Brazos Ri , Azige, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. AMOCO PRODUCTION COMPANY 300450937700 P.O. BOX 300, DENVER, COLORADO 80201 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: New Well Dry Gas Recompletion Oil Casinghead Gas [] Condensate [Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation Kind of Lease
5 BLANCO MESAVERDE (PRORATED GASState, Federal or Fee FLORANCE Lease No.

FNL

Line and

Feet From The

or Dry Gas [

9W

990

Feet From The

SAN JUAN

3535 EAST 30TH STREET, FARMING FON, NM 87401
Address (Give address to which approved copy of this form is to be sent)

Addices (Give address to which approved copy of this form is to be sent)

P.O. BOX 1899, BLOOMFIELD, NM 87413

Producing Method (Flow, pump, gas lyt, etc.)

Casing Pressure

Water - Bbls

Bbls. Condensate/MMCF

Casing Pressure (Shut-in)

pive location of tanks] Oalt	1 300	liwp.	I Kgc.	le gas actuall	y connected?	When	7		
If this production is commingled with that IV. COMPLETION DATA	from any o	other lease or	pool, giv	e comming	ling order numi	ber:				
Designate Type of Completion	- (X)	Oil Well	(Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
Elevations (DF, Rk B, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depta		
Perforations					1			Depth Casing Slice		
		TUBING,	CASII	NG AND	CEMENTII	NG RECOR		WE	W	
HOLE SIZE	С	ASING & TL	BING S	SIZE		DEPT	EGE	1 4 0	SALLY CEM	ENT
				M Augs			3 1990			
M Mayor N. A. L.							M. DI	N. DIV.		
V. TEST DATA AND REQUES OIL WELL (Fest must be after i	ST FOR recovery of	ALLOW!	ABLE of load o	oil and musi	be equal to or	exceed top all	onable yorDi	SI, 3	jor full 24 hou	vs)

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation

Division have been complied with and that the is true and complete to the best of my knowle	<u> </u>
Signature Doug W. Whaley, Staff Ad	min. Supervisor
Printed Name	Tule

Date of Test

Oil - Bbls.

Leagth of Test

Tubing Pressure (Shut-in)

Tubing Pressure

303=830=4280 Telephone No.

OIL CONSERVATION DIVISION

Choke Size

Gas- MCF

Gravity of Condensate

Choke Size

Date Approved AUG 2 3 1990

Ву	But) day
Title	SUPERVISOR DISTRICT #3

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 assts 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) Separat: Form C-104 must be filed for each pool in multiply completed wells.