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 DISTRICT II P.O. Drawer DD, Ariesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

OOU Rio Brazos Rd., Aziec, NM 87410						AUTHORI TURAL G					
peratur AMOCO PRODUCTION COMPANY						Well API No. 300450939600					
Address P.O. BOX 800, DENVER,	COLORAI	00 8020)1								
Reason(s) for Filing (Check proper box) New Well Change in Operator Change of operator give name address of previous operator	Oil Casinghea	Change in	Dry G	as 🔲	Out	oct (Please expl	ain)				
I. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name PAN AMERICAN FEDERAL C Well No. Pool Name, Includi					- ,	RATED GA		of Lease Federal or Fe	(Lease No. Federal or Fee		
Location			1.5		7.11		- 				
Unit LetterA	_ :	1190	. Fect F	rom The	FNL_Lir	ne and9	90 Fe	et From The	FEL	Line	
Section 19 Townshi	p 30	N	Range	12W	N	мрм,	SAN	JUAN		County	
H. DESIGNATION OF TRAN	!cDADTT	D OF O	11 AN	JD NATH	DAL CAS						
II. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Conde			Address (Gi	ve address to w	hich approved	copy of this	form is to be s	eni)	
MERIDIAN-OIL INC.						3535 EAST 30TH STREET, FARMINGTON, CO 87401 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X EL PASO NATURAL GAS COMPANY					P.O. BOX 1492, EL PASO, TX 79978						
If well produces oil or liquids, jive location of tanks.	Unit	Soc.	Twp.	Rge.	ls gas actual	ly connected?	When		,,,,		
f this production is commingled with that	from any od	her lease or	pool, gi	ive comming	ling order nurr	nber:					
V. COMPLETION DATA										_,	
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			Prod.		Total Depth		1	P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth				oth		
l'erforations					<u> </u>			Death Casi	Depth Casing Shoe		
CITOLOGICOLO								2-7			
TUBING, CASING AND					CEMENT			-1			
HOLE SIZE	ISING & T	ING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	<u> </u>										
	-				ļ						
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE	Ē ,	<u> </u>			J			
)IL WELL (Test must be after	recovery of t	otal volume	of load	l oil and mus					for full 24 hou	ers.)	
Date First New Oil Run To Tank	Date of To	: SI			Producing N	lethod (Flow, p	nump, gas tyt,	eic.)			
Length of Test	Tubing Pressure			Casing Pressure			Chuke Size	!			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			ECE	IVE	M		
GAS WELL										世	
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conde	nsate/MMCF		JAMiy of	201980		
esting Method (pilot, back pr.)	Tubing Pressure (Slut-in)				Casing Pressure (Shut-in)			ը con. DIV.			
								DIST. 3			
VI. OPERATOR CERTIFIC				NCE		OIL CO	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					JUL 2 1 9 90						
is true and complete to the best of my	knowledge :	and belief.			Date	e Approve	ed				
S.H. When					But Sun						
Signature Davie W Whaley Staff Admin Supervisor					By SUPERVISOR DISTRICT /3						
Doug W. Whaley, Staff Admin. Supervisor Printed Name Title					Title						
June 25, 1990		303= Tel	830= cphone	4280 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 1, 11, 111, 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.

