Submit 5 Copies
Appropriate District Office
DISTRICT I
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, Anesia, NM 88210	OIL CC		ox 2088	SION					
DISTRICT III	San	ta Fe, New M	lexico 87504-208	8					
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS									
Operator AMOCO PRODUCTION COMPA	21,101111111111111111111111111111111111	Well	API No. 0450948700						
Address P.O. BOX 800, DENVER,	COLORADO 8020	1			7430348700				
Reason(s) for Filing (Check proper box)	COLORADO BUZO		Other (Pleas	e explain)			· · · · · · · · · · · · · · · · · · ·		
New Well		Fransporter of:	-	•					
Change in Operator		Condensate X							
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL									
Lease Name			ling Formation OTA (PRORATED GAS)		Kind of Lease No. State, Federal or Fee		No.		
Location	1050			······································					
Unit LetterL	_ :18501	Feet From The	FSL Line and	810 Fe	et From The	FWL	Line		
Section 15 Townshi	p30N	Range 12W	, NMPM,	SAN	JUAN		County		
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	ISPORTER OF OIL	de .		131		 			
MERIDIAN OIL INC.	U Condens	" (X)	Address (Give address	=		•	37/01		
Name of Authorized Transporter of Casin		3535 EAST 36 Address (Give address				3/401			
EL PASO NATURAL GAS CO If well produces oil or liquids, give location of tanks.		Wp. Rge.	P.O. BOX 141 is gas actually connect	02, EL PASC cd? When	1 TX 7997				
If this production is commingled with that	from any other lease or po	ol, give comming	ing order number:						
IV. COMPLETION DATA	Oil Well	Gas Well	New Well Worko	ver Deepen	Plug Back Sam	ne Res'u Nif	f Res'v		
Designate Type of Completion Date Spudded	- (X)	i	ii		,i	L Kes V Dil	I NEBY		
Date Spooled	Date Compl. Ready to P	TOA.	Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	nation	Top Oil/Gas Pay Tubing Depth						
Perforations	1		L		Depth Casing Sh	oe			
	TUBING, C	ASING AND	CEMENTING REC	JOBD.					
HOLE SIZE		CASING & TUBING SIZE		SET	SACKS CEMENT				
									
V. TEST DATA AND REQUES	 T FOR ALLOWAE	BLE							
OIL WELL (Test must be after re Date First New Oil Run To Tank	covery of total volume of	load oil and must	be equal to or exceed to Producing Method (Flo			ll 24 hours)			
	Date of 1ex		Floodering method (Pto	w, pwnp, gas iyi, zi	c.,				
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	KIM			
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	(D) (E	Mer V	E			
CACARRIA					iii <u>2 199</u>	كا			
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMC	ī.	Charles (Charge				
	h::1:			Oll	COLV	יאום			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	'	Casing Pressure (Shut-i	n) 	an DIST. 3				
VI. OPERATOR CERTIFICA	ATE OF COMPL	IANCE	011 0	ONOED\ (4	TIONIDA				
I hereby certify that the rules and regular Division have been complied with and the	OIL CONSERVATION DIVISION JUL 2 1990 Date Approved								
is true and complete to the best of my ki									
D.H. Mles		7	d. 1	/					
Signature Doug W. Whaley, Staf	BySUPERVISOR DISTRICT #3								
Printed Name	f Admin. Super		Title	SUPERVIS	טא טואו פוע אע				
June 25, 1990	303-836 Telepho	0-4280 one No.	11110	7 - 20 - 20 - 20 - 20 - 20 - 20 - 20 - 2					

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.

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