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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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III

1000 Rio Brizos Rd., Aziec, NM 87410	REOU	EST FO	RALI	OWA	RIFANI	OHTUA C	RIZATIO	N				
1.						IATURAL		אוכ				
Operator AMOCO PROPULCTION COMP		į			II API No.							
AMOCO PRODUCTION COMPANY Address								3004	00450981500			
P.O. BOX 800, DENVER,	COLORAD	0 80201										
Reason(s) for Filing (Check proper box)		*				Other (Please e	xplain)					
New Well	Oil	Change in T	iransport Dry Gas	er of:								
Change in Operator		I Gas 📋 C	-	,								
If change of operator give name and address of previous operator												
		op		····								
II. DESCRIPTION OF WELL Lease Name	AND LEA		ool Nan	ne. Includ	ing Formatio)n		Kind of	Lease	l ca	se No.	
L C KELLY									Federal or Fee			
Location	7				Por		1055			70.17		
Unit LetterM	_ :	90F	ed Fron	n The	FSL 1	Line and	1055	Fce	From The	FWL	Line	
Section 05 Townshi	_p 30N	F	lange	12W		NMPM,		SAN	JUAN		County	
HI DESIGNATION OF THE AN	0000000					_						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	or Condensa	le _				which app	rowd o	opy of this form	is to be sent		
	<u> </u>		L	X□							•	
MERIDIAN OIL INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas X						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 COMPANY If well produces oil or liquids, Unit Soc. Twp. Rge						P.O. BOX 1492, EL PASC Is gas actually connected? When				78		
give location of tanks.	Unit	30c. 1	wb 1	Rge.	Is gas actu	ally connected	, i,	When ?				
f this production is commingled with that V. COMPLETION DATA	from any other	r lease or po	ol, give	comming	ling order at	ımber:						
Davianuta Turns of Constitution	(V)	Oil Well	Ga	s Well	New We	II Workover	Doep	en	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		l Bandu to B			Total Dept	_1						
Date Spiniced	Date Comp	l. Ready to P	IOG.		loa sep	41			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
Perforations					1				Depth Casing Shoe			
									sopii casiig s			
					CEMENTING RECORD							
HOLE SIZE	CAS	ING & TUB	ING SIZ	<u>'E</u>	DEPTH SET			SACKS CEMENT				
J TECT DATA AND DECIDE	T FOR A	I I AWAT	11 12		L							
V. TEST DATA AND REQUES OIL WELL (Test must be after re				and must	be equal to	or exceed too	allomable (d	or this o	lepth or be for t	full 24 hours.)	
ate First New Oil Run To Tank Date of Test					Producing Method (Flow, pump, gas lýt, etc.)							
Length of Test	Takin Bar				Carina Pro				Choke Size			
realigns on year	Tubing Pressure				Casing Pressure			N B	PF1	AEI	7	
ctual Prod. During Test Oil - Bbls.					Water - Bbis.			(Uar-MCF	" " 	j i	
	l				İ		יש		IUL 2 19	90	-	
GAS WELL	TT FA				TE:::::							
Actual Prod. Test - MCT/D	Length of T	CPI		Bbls. Condensate/MMCF				CILIA di Vinge Fan A				
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shul-in)				dipsi-3			
VI. OPERATOR CERTIFICA	ATE OF	COMPL	IANC	E			MOEE)\/A	TION DI	VICIO	. I	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						JUL 2 1990						
11,1.00						te Approv	.eu		_1			
D. D. Whley						•	3	. (۱	Chang			
Signature Doug W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT 13						
Printed Name		1	itle		Titl							
June 25, 1990 Date	· · · · · · · · · · · · · · · · · · ·	303-83 Teleph	0-42 one No.	80_]							

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

- 1) Request for allowable for newly drifted 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.