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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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		OTRA	NSP	ORT OIL	AND NAT	TURAL GA		DI XI-			
perator								Well API No.			
Amoco Production Company							3004511791				
Address 1670 Broadway, P. O. I	3ox 800,	Denv	er, C	Colorado	80201						
Reason(s) for Filing (Check proper box)						r (Please expla	in)				
New Well		Change in	Transpo	rter of:							
Recompletion	Oil		Dry Ga	.s [_]							
Change in Operator	Casinghead	lGas 🗌	Conden	sate X							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL	AND LEA		D1 M	Industi	ng Formation	- _			10	ase No.	
Lease Name		Well No.			CTURED C	TTEE()	FFDI	ERAL 820780390			
RIDDLE A	L	3	DLAN	100 (110	JICKED CHILLD) 1220						
Location Unit Letter A	. 915		Coat Co	om The Fi	NL Line	and 1155	Fe.	et From The	FEL	Line	
Unit Letter	_ ;				MIR						
Section 18 Townshi	9W	, NMPM, SAN JI			UAN County						
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATUI	RAL GAS					. 	
Name of Authorized Transporter of Oil		or Conde		(<u>x</u>)	Address (Giv	e address to wh				nı)	
MERIDIAN INC.	P. O. BOX 4289, FARMINGTON, CO 87499 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											
L PASO NATURAL GAS COMPANY					+	OX 1492,					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	is gas actually	y connected?	When	t			
If this production is commingled with that	from any oth	or lease or	nool giv	ve comming	ing order numi	рег:					
IV. COMPLETION DATA	mon any car		Poor, Br								
		Oil Wel	1 (Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		İ	j		1		l		<u> </u>	1	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing F	ormation		Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casin	ng Shoe		
		TIDING	CACI	NC AND	CEMENTE	NC DECOR	<u> </u>	1			
	TUBING, CASING AND				CEMIENTI	DEPTH SET			SACKS CEMENT		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE				DEF IN SET			Onorto dell'ett			
	-										
	1										
V. TEST DATA AND REQUE											
OIL WELL (Test must be after t	recovery of to	sal volume	of load	oil and must					for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Te	st			Producing M	ethod (Flow, pu	ımp, gas lift, e	elc.)			
The Paris P					Casing Pressure Choke Size						
Length of Test	Tubing Pressure			Casing Fredamic							
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF				
GAS WELL							 -		1.1		
Actual Prod. Test - MCF/D	Length of	l'est			Bbls. Conder	sate/MMCF		Gravity of	Condensate		
									O-L-Si-		
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	'ATE OF		DITAN	JCF	1			<u> </u>			
				1CE		OIL CON	ISERV.	ATION	DIVISIO	NC	
I hereby certify that the rules and regul Division have been complied with and				e		•					
is true and complete to the best of my					Dota	Annrous	d				
7.11					Date	Approve	·	AUG 0	7 1989		
J. L. Hampton					n		. =		A .		
Signature	V -				∥ By_		3	2) (from!		
	r. Staf	E_Admi	n Sı	iprv.			Giinaa	. ~ 		- 11 =	
Printed Name 7/28/89		303-	830-5	025	Title		SUPER	VISION	DIST: : ~	# 3	
Date // 20/ 8 /			lephone I								

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.