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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1.		IOIRA	1N2h	ORIOIL	- ANU NA	TURAL G	AS				
Operator Amoco Production Comp	Well API No.										
Address 1670 Broadway, P. O. Box 800, Denver, Colorado						3004511793					
Reason(1) for Filing (Check proper box)	BOX 800	, Denv	er,	Colorad							
New Well		Change in	Transn	orter of:		er (Please expl	ain)				
Recompletion	Oil		Dry G								
Change in Operator	Casinghea	d Gas	Conde	_							
If change of operator give name			Condo								
and address of previous operator  II. DESCRIPTION OF WELL	AND LEA	ASE					,		· · · · · · · · · · · · · · · · · · ·		
Lease Name		Well No.	Pool N	lame, Includi	ng Formation				14	ease No.	
RIDDLE	i							ERAL SF080244			
Location			,		010.00		1,110	DIGIL	1 51 00	7244	
Unit Letter A	_ :118	85	Feet F	rom The F	NL Lin	e and _790	Fe	et From The	FEL	Line	
Section 21 Townsh	ip 30N		Range	9W	, N	мрм,	SAN J			County	
III. DESIGNATION OF TRAN	SPORTE			ID NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden	sale	$\square$	1	e address to w				nı)	
MERIDIAN INC.					P. O. BOX 4289, FARMINGTON, CO 87499						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)						
L PASO NATURAL GAS COMPANY well produces oil or liquids,   Unit   Soc.   Twp.   Rue.					P. O. BOX 1492, EL PASO, TX 79978						
give location of tanks.						Is gas actually connected? When ?					
f this production is commingled with that	from any oth	er lease or	pool, gi	ve commingl	ing order num	ber:					
IV. 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 to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	<u></u>			<del></del>				Depth Casir	ng Shoe		
	Ţ	UBING,	CASI	NG AND	CEMENTI	NG RECOR	D				
HOLE SIZE	CAS	SING & TU	JBING S	SIZE	DEPTH SET			SACKS CEMENT			
	-										
V. TEST DATA AND REQUE	ST FOD A	LLOWA	DIE					]			
OIL WELL (Test must be after t				ail and muse	h				6 6 11 24 1	1 5 4 4 A A A A A A A A A A A A A A A A A	
Date Firs: New Oil Run To Tank	Date of Tes		oj ioda	on ana musi		thod (Flow, pu			for full 24 how	<u>s.</u> )	
	Date of Its	Date Of 1Est				.u.o. (1 1014, pu	orip, gas tyt, e				
ength of Test	Tubing Pres	sure			Casing Press.	ire		Chole Size			
								F.50			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			G. Off			
GAS WELL	<u> </u>							1	Dir.	<u></u>	
Actual Prod. Test - MCF/D	Length of T	est			Bbis. Conden	sale/MMCF		Gravity of C	Condensate		
esting Method (pitol, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	IIAN	JCE		·		L			
I hereby certify that the rules and regul				1CE		DIL CON	ISERVA	NOITA	DIVISIO	N	
Division have been complied with and	that the infort	nation give	n above	1	1		,,,,,,			- •	
is true and complete to the best of my	unowledge an	d belief.			Data	Annrovo	. A	HC AB	1000		
1 11	4				Date	Approve	<u> </u>	UG 07	1909		
J. J. Stam	Dlan	<u></u>			D.,		7.1	S	/		
Signature C	, O+-00		_		By_		our.	/ Ja	<u>-</u>		
Printed Name	. Staff		Title	-	Tielo		SUPERVI	SION DI	STRICT #	3	
7/28/89		303-8			Title.					<del></del>	
Date //		Teler	phone N	io.	1						

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.