State of New Mexico/ Energy, Minerals and Natural Resources Department

Furm 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

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

Santa Fe, New Mexico 87504-2088

• • • • •						TURAL G		NI.						
Operator		IO IHA	INSP	ORI UIL	ANI UNA	TURAL G	<u> </u>	Well A	PI No.					
AMOCO PRODUCTION COMPA		3004520060												
P.O. BOX 800, DENVER,	COLORAD	0 8020)1											
Reason(6) for Filing (Check proper bax)					[] Oth	es (Please exp	lain)							
New Well		Change in			2.5									
Recompletion 📋	Oil		Dry G											
hange in Operator LJ	Casinghead	1 Gas [_]	Coooc	ensate U										
change of operator give name ad address of previous operator					·									
I. DESCRIPTION OF WELL	AND LEA	SE												
Lease Name		Wal No.		Name, Includi	-	n cann)	AND) Kind of Lease			e Lease No. STATE				
STATE CON H		9] Бі	LANCO (I	RUITLAN	D SAND)		517	AIL	DIA	IE.			
Location Unit Letter	_ !	1045	_ Foot F	From The	FNL Lin	e and	1575	Fee	t From The _	FEL	Line			
Section 16 Townshi	p 30	N	Range	9W	,N	мрм,		SA	N JUAN		County			
					D. 1. C. 1.									
II. DESIGNATION OF TRAN	SPORTE	or Conde	IL A	ND NATU	Address (Gir	e address to w	vhich app	roved	copy of this fo	um is to be see	rd)			
MERIDIAN OIL INC.	me of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, NN 8740.1							
Name of Authorized Transporter of Casin	chead Gas		or Dry	y Gas						orm is to be see				
EL PASO NATURAL GAS C			,			BOX 1492				79978				
If well produces oil or liquids, ive location of tanks.	Unit	Sec.	Twp	Rge.	is gas actual	y connected?	1	When '						
this production is commingled with that	from any oth	er lease of	pool, g	ive comming	ing order num	ber:								
V. COMPLETION DATA										la	him nass			
Designate Type of Completion	- (X)	Oil Wel	1 	Gas Well	New Well	Workover	Dec	pen	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.)	RKB, RT, GR, etc.) Name of Producing Formation					Pay		Tubing Depth						
						Depth Casing Shoe								
Perforations									<u> </u>		· · · · · · · · · · · · · · · · · · ·			
		UBING	, CAS	ING AND	CEMEN'T	NG RECO		2.242 22.12.17						
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT					
					 									
	 				 									
	- 													
V. TEST DATA AND REQUE	ST FOR A	LLOW	ABLI	E				for all		for full 2d have	er)			
OIL WELL (Test must be after	recovery of to	otal volum	of load	d oil and mus	Producing N	r exceed top a lethod (Flow,	uowabie pump. 20	jor thu s lift, e	ic.)	JUF JUL 29 HOU	* 4.1			
Date First New Oil Run To Tank	Date of Te	: =					, , . , .							
Length of Test	Tubing Pri	essure			Casin D)	EUE	V	Š	Coake Size					
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				FEB2	5 1991	MCF						
GAS WELL						11 CO		ЛЛ 						
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conti	MEN MARK			Gravity of	Condensate				
		764	a sev		DIST, 3 Casing Pressure (Shut-in)				Choke Size					
Testing Method (pitot, back pr.)	I morag i'r	respure (Sh	us-121)		Casing 110	(wiles 14)								
VI. OPERATOR CERTIFIC	CATE OF	COM	PLIA	NCE			MCE	DV.	ΔΤΙΩΝ	DIVISIO	NC			
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.						D. (. A				FEB 2 5 1991				
is true and complete to the nest of my	MICH ROSC (Dat	e Approv	/ed _			1	<u></u> -			
D. H. Uhler					By.		_	3	در (12				
Symature Doug W. Whaley, Staff Admin. Supervisor										DISTRICT	13			
Printed Name Title						e								
February 8, 1991			-830-	-4280 c No.										
LIAIC		•			11									

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.

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, Anesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQU	JEST FO	OR A	LLO	WAE	LE AN	D AUTH	IORIZ	ATION					
1.		TO TRA							S	ADING				
Operator AMOCO PRODUCTION COMPANY							Weil API No. 3004520060							
P.O. BOX 800, DENVER,	COLORAI	00 8020	1											
Reason(s) for Filing (Check proper box)							Other (Plea	se explai	n)					
New Well	Oil	Change in	Transp Dry G		¥: □ .							ļ		
Recompletion L. Change in Operator	Casinghea	_	Conde											
If change of operator give name and address of previous operator														
II. DESCRIPTION OF WELL	AND LE	ASE						<u> </u>	l V:-A	of Lease	1 1 1	ase No.		
STATE COM H		Well No.	Pool Name, Including BLANCO (P			PICT CLIFFS)				ГАТЕ	_	STATE		
Location B Unit LetterB	.:	1045	Feat I	From T	ne	FNL	Line and _	1.	575 R	set From The	FEL	Line		
Section 16 Township	30	ON	Range	<u>. </u>	9W		, NMPM,		Si	AN JUAN	 	County		
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND N	IATU!	RAL G	AS							
Name of Authorized Transporter of Oil or Condensate MERIDIAN OIL INC.						Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, NM 87401								
Name of Authorized Transporter of Casing	head Gas or Dry Gas					Address	(Give addre	25 to whi	ch approved	copy of this	copy of this form is to be sent)			
EL PASO NATURAL GAS CO	MPANY 1 Unit	Suc.	Twp		Rue	 	BOX		EL PAS	30, TX	79978			
give location of tanks.	i	<u>i</u>		i_		<u> </u>			_i					
If this production is commingled with that IV. COMPLETION DATA	rom any oti	her lease or	pool, g	ive co	mmingl	ing order	sumber:							
	(Y)	Oil Well		Gas V	Vell	New V	/ell Worl	over	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion Date Spudded		pi. Ready id	Prod			Total De	pth	1		P.B.T.D.	1	.l		
						Too Oil	Top Oil/Gas Pay				Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation						100 011 011 111							
Perforations										Depth Case	ng Shoe			
	TUBING, CASING AND										CACKE CEMENT			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET					SACKS CEMENT				
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLI	Ē		J								
OIL WELL (Test must be after r	ecovery of I	otal volume	of loa	d oil a	nd musi	be equal	to or exceed	top allo	wable for th	is depth or be	for full 24 hou	rs.)		
Date First New Oil Run To Tank							Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pr	erene				Casing I		- 14 0 - 11	. :: 17	Choke Siz	•			
Actual Prod. During Test	Oil - Bbla					Water -		EB2	5 1991	GAS- MCF				
							CIL	CO	N. DI	√.				
GAS WELL Actual Froil, Test - MCI/D	Length of	Test				Bbls. Co	ndeasate/N	WOIS'	1. 3	Cravity of	Condensate			
						Casing Pressure (Shut-in)				Choke Siz	Choke Size			
Testing Method (pitot, back pr.)	Tuom y													
VI. OPERATOR CERTIFIC	ATE O	F COM	PLIA	NC	Ε		OIL	CON	ISERV	/ATION	DIVISIO	N		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						FEB 2 5 1991								
is true and complete to the best of my knowledge and belief.						Date Approved								
D. D. Shly						By But Chang								
Signature W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT 13								
Printed Name Title February 8, 1991 303-830-4280						ן ו	itle							
Date		Te	lephon	c No.										

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