Subnut 5 Copies
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 DISTRICT II P.O. Drawer DD, Anesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brians Rd., Azicc, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 300452020400 ANOCO PRODUCTION COMPANY P.O. BOX 800, DENVER, COLORADO 80201 Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of Dry Gas Recompletion Oil Casinghead Gas Condensate X Change in Operator If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation
4 BASIN FRUITLAND COAL (GAS) Lease No. Kind of Lease LIKINS GAS COM A State, Federal or Fee Location 1820 Feet From The Feet From The Unit Letter SAN JUAN 34 County Township NMPM III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Addicss (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil _____ or Condensate X 3535 EAST 30TH STREET, FARMINGTON, CO 87401 MERIDIAN OIL INC. or Dry Gas [X] Name of Authorized Transporter of Casinghead Gas Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978 EL PASO NATURAL GAS COMPANY Twp. is gas actually connected? When? Unit If well produces oil or liquids, give location of tanks. 1 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Designate Type of Completion - (X) Date Compl. Ready to Prod. P.B.T.D. Date Spudded Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay lubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (l'est must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lyt, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Actual Prod. During Test Oil - Bbls. JUL 5 1990 Bbls. Condensate/MMCF GAS WELL Gravity of Condensate Actual Prod. Test - MCF/D Length of Test OIL CON. OIL
Casing Pressure (Physics) Choke Size Tubing Pressure (Shut in) (Hin) 3 Testing Method (pitot, back pr) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved _____ Signatur Doug W. Whaley, Staft Admin. Supervisor SUPERVISOR DISTRICT 13 Title Printed Name Title_

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

June 25, 1990

- 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.

303-830-4280. Telephone No.

- 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.