Submit 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

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 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	-	TO TRA	NS	POR	COIL	AND NAT	URAL G	AS	ere ka	h. ki:				
Operator AMOCO PRODUCTION COMPANY								Well API No. 3004520381						
Address	COLOBAD	0 0020	.1											
P.O. BOX 800, DENVER, (Reason(s) for Filing (Check proper bas) New Well Recompletion	Oil Casinghead	Change in	Trans Dry (); 	Othe	t (Please expl	lain)						
Change in Operator I change of operator give name	Catangnese	. 045	COBO	CHARLE	<u> </u>									
nd address of previous operator				41								··		
I. DESCRIPTION OF WELL A Lease Name JACQUES COM A	Well No. Pool Name, Includir					ng Formation TCT CLIFFS)			ind of	Lease	T .	Lease No. FEE		
Location N	990 Feet From The					FSL Line and 990			Feet From The			Line		
25	30N Range 9W							SAI	N JUAN County					
Section Township III. DESIGNATION OF TRAN		R OF O			ATU		11111							
Name of Authorized Transporter of Oil		or Conden]	Address (Giv	AST 30T							
MERIDIAN OIL INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas EL PASO NATURAL GAS COMPANY						3535 EAST 30TH STREET, FARMINGTON, Address (Give address to which approved copy of this form is to be P.O. BOX 1492, EL PASO, TX 79978								
If well produces oil or liquids, give location of tanks.	Unit				is gas actually connected? When									
If this production is commingled with that IV. COMPLETION DATA	from any oth	er lease or	pool,	give co	mming)	ing order numi	er:							
Designate Type of Completion	- (X)	Oil Well		Gas \	Well	İ	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Com	pl. 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						l				Depth Casii	y Shoe			
		rubing,	CA:	SING	AND	CEMENTI	NG RECO	RD		<u>'</u>				
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT					
	ļ					 					·			
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ST FOR	ALLOW	ABL	E ad oil a	nd musi	be equal to or	exceed top a	llowable fo	or this	depth or be	for full 24 h	ours.)		
Date First New Oil Run To Tank	Date of Te					Producing M	ethod (Flow,	ритр, заз	lift, e	ic.)				
Length of Test	Tubing Pr	Tubing Pressure					Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.					Water Bols				Gas- MCF				
GAS WELL Actual Prox. Test - MCF/D	Lenvih of	Test				Bols. Conde	Lummer!	4. P	لنذ	Gravity of	Concensie			
					DIST, 3				Choke Size					
Testing Method (paot, back pr.)	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and correpted to the best of my knowledge and belief. Signature Joug W. Whaley, Staff Admin. Supervisor						OIL CONSERVATION DIVISION FEB 2 5 1991 Date Approved By								
Printed Name February 8, 1991			Tit			Title	.							

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.