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

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

	TOT	RANSP	ORT OIL	AND NAT	URAL G	<u>as</u>				
perator AMOCO PRODUCTION COMPANY					Well API No. 300452181100					
Address P.O. BOX 800, DENVER,	COLORADO 80	0201								
cason(s) for Filing (Check proper box				Othe	t (Please expl	ain)				
lew Well		ge in Transpo Dry G								
completion []	Oil Casinghead Gas		_							
change of operator give name										
d address of previous operator										
I. DESCRIPTION OF WELL FLORANCE	Well	No. Pool N	lame, Includi NCO MES	ng Formation SAVERDE (PRORATE	Kind of GASState, F	Lease ederal or Fee		ase No.	
ocation I	. 1745	Feet F	rom The	FSL Line	8 and	10 Fee	at From The	FEL	Line	
Unit Letter	30N	Range	8W	, Ni	ирм,	SAN	JUAN		County	
	NEDODTED A		JD NATH	DAL CAS						
II. DESIGNATION OF TRA		ndensate		Address (Giv	e aulitess io w	rhich approved	copy of this fo	um is so be se	int)	
MERIDIAN OIL INC.			<u> </u>	3535 FA	ST 30TH	STREET	FARMING	TON. NM	87401	
Name of Authorized Transporter of Ca	inghead Gas	or Dr	Gas 🗀	Address (Giv	e address to w	vhich approved	copy of this fo	orm is to be se	ini)	
SUNTERRA GAS GATHERI	IG CO			1		BLOOME II	ELD,-NM	87413 -		
If well produces oil or liquids, ive location of tanks.	Unit Sec.	Twp.	Rge.	te Rue scoran	, commental)				
this production is commingled with the	al from any other lea	se or pool, 2	ive comming	ling order aum	ber:					
V. COMPLETION DATA						_,			haren :	
Designate Type of Completic		Well	Gas Well	New Well	Workover	Deepen		Same Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations				1			Depth Casi	ig Shoe		
	TUB	NG, CAS	ING AND	CEMEN'TI	NG RECO	RD	C	Θ		
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			S CEMENT			
				 	M	F 10 P				
					 {{	AUG2	3 -199U -			
				 		* HAR	101	V		
V. TEST DATA AND REQU	EST FOR ALL	OWABL	E ,	,			111.			
OIL WELL (Test must be af	er recovery of total w	dwne of loa	d oil and mus	st be equal to o	r exceed top a			jor juli 24 ho	ws.j	
Date First New Oil Run To Tank	Date of Test			Producing N	164104 (<i>F10</i> W,	pump, gas life.				
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.	Oit - Bbts.			Water - Bbls.			Gas- MCF		
GAS WELL				Table Conde	ntale/MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Leagth of less	Length of Test			will concession with					
Testing Method (pitot, back pr.)	Tubing Pressur	(Shut-in)		Casing Pressure (Shut-in)			Choke Siz			
VI. OPERATOR CERTII I hereby certify that the rules and Division have been complied with is true and complete to the beat of	egulations of the Oil and that the informat	Conscruation ion given ab	1	II.	OIL CC	NSERV	ATION	DIVISI 3 1990	ON	
NIII)						۸) (In.		
Signature Doug W. Whaley, Staff Admin. Supervisor				By.		SUPE	RVISOR	DISTRIC	T #3	
Printed Name		Tat	c	Title	θ					
<u>July 5, 1990</u>		103-830 Telephon	=4280 ic No.					_		

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.