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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

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

OD ALLOWARIE AND AUTHORIZATION

COO KIO DIEZZO KO., YZZO-, T.	REQUEST FI	UH ALI	IOMARI	AND NAT	URAL GA	S				
TO TRANSPORT OIL AT					Well Art No.					
ANOCO PRODUCTION COMPANY					300452219600					
P.O. BOX 800, DENVER,	COLORADO 802	01								
Reason(s) for filing (Check proper box)	~ .	- T	der of:	U Other	(Please expla	un)				
New Well	F"	in Transpor								
Recompletion Change in Operator	Oil  Casinghead Gas		•							
Change in Option	Casingneau Gas [_	Condens	(2)							
f change of operator give name and address of previous operator		<del>-</del>								
II. DESCRIPTION OF WELL	AND LEASE Well No	Pool Na	me Includi	ng Formation			Lease		ase No.	
ELLIOTT GAS COM E	1A	BLA	NCO MES	AVERDE (	PRORATE	D GAStale,	Federal or Fee	<u> </u>		
Location F	1690	Feet Fro	om The	FNL Line		545 Fe	et From The .	FWL	Line	
Unit Letter34 Township	30N - 9W					JUAN County				
Section 10 missing	<u> </u>	Range			irivi,					
III. DESIGNATION OF TRAN	NSPORTER OF Cond			RAL GAS Address (Give	address to w	hich approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Oil	0, cond			2525 17	ALUS ADV	STREET	FARMIN	GTON CO	87401	
MERIDIAN OIL INC.  Name of Authorized Transporter of Casin	3535 EAST 30TH STREET, FARMINGTON, CO. 87401 Address (Give address to which approved copy of this form is to be sent)									
FI PASO NATURAL GAS COMPANY				P.O. BOX 1492, EL PASO, TX 79978						
If well produces oil or liquids, give location of tanks.	Unit   Soc.	Twp.	_i	<u></u>		, whea				
If this production is commingled with that	from any other lease of	or pool, giv	ve comming	ling order numb	жг					
IV. COMPLETION DATA	loi W		Gas Well		Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion						İ	İ	1	_1	
Date Spudded	Date Compl. Ready to Prod.			Total Depth	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations					Depth Casing Shoe					
T CHO allone							<u> </u>			
	TUBING, CASING AND				CEMENTING RECORD					
HOLE SIZE	ALCOHOL TUDBLE CITE			ļ	DEPTH SE	<u> </u>		SACKS CEMENT		
				·						
				<u> </u>			- <del> </del> -			
	_			-			-			
V. TEST DATA AND REQUI	ST FOR ALLO	WABLE		_ <del></del>				Con Call 2d Acr		
OIL WELL (Test must be after	recovery of total volu	me of load	oil and mu	st be equal to or	exceed top a	llowable for th pump, yas lýt,	es depth or be	: jor juil 24 hoi		
Date First New Oil Run To Tank	Date of Test			Producing M	leuiod (Flow. ,	pump, gas iyi,				
Length of Test	Tubing Pressure		<del></del>	Casing Press	Fe F	WE	Choke Size	•		
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				<u>u</u>	MCF			
					JUL -	<del>1990</del> –				
GAS WELL	Length of Test			Bbis. Cande	LINE KONON	4. DIA	Gravity of	Condensate		
Actual Prod. Test - MCF/D	Tenbar or rear	Length of Year			DARY &					
l'esting Method (pitot, back pr.)	Tubing Pressure (S		Casing Pres	sure Marin)	<del></del>	Choke Siz	e			
	OATE OF CO	ADI 1A	NCE							
VI. OPERATOR CERTIFI	CATE OF COL	WITLIA	NCE		OIL CC	NSER\	/ATION	DIVISI	ON	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				11	5 1000					
is true and complete to the best of my knowledge and belief.				Dat	e Approv	/ed	JUI			
11.1.100					- , ,pp. 0				/	
D. P. Whiley				Ву			رين (	Thomas	- 46	
Doug W. Whaley, Staff Admin. Supervisor						SUP	ERVISOR	DISTRIC	T #3	
Printed Name June 25, 1990	30	Tille :2830 - 13	-4280	Title	e					
		Telephone				<u>-</u>				

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.