

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY		Well API No. 300452309200
Address P.O. BOX 800, DENVER, COLORADO 80201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input checked="" type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name DAWSON LS	Well No. 1A	Pool Name, including Formation BLANCO MESAVERDE (PRORATED GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter C : 640 Feet From The FNL Line and 985 Feet From The FWL Line Section 31 Township 31N Range 8W, NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
MERIDIAN OIL INC.	3535 EAST 30TH STREET, FARMINGTON, NM 87401	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
EL 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. Rge.

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	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.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		RECEIVED			
					AUG 23 1990			
					OIL CON. DIV.			

V. TEST DATA AND REQUEST FOR ALLOWABLE

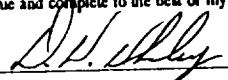
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

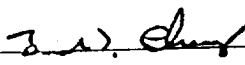
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I 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 complete to the best of my knowledge and belief.


Signature
Doug W. Whaley, Staff Admin. Supervisor
Printed Name
July 5, 1990
Date
303-830-4280
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 23 1990
By 
Title SUPERVISOR DISTRICT #3

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.

F. Loc. 1750/S;1175/W Elev. 6542DF Spd. 5/22/53 Comp. 6/26/53 D 5742 PB
 Casing 9-5/8@ 175W 125Sx. Int. @ W Sx. Pr. 7 @ 5105W 300 Sx. T. @
 Csg. Perf. Prod. Stim.

Shot 1415 qts 5192-5742

I.P. 6928 ~~5875~~ MCF/D After 3 Hrs. Sic. P. 1104 PSI After 13 Days GOR Grav. 1st Del. 10/27/53 T r a n s EF

TOPS		NITD	X	Well Log	X	TEST DATA						
Kirtland		C-102		Plat	X	Schd.	PC	Q	PW	PD	D	All.
Fruitland		C-103		Electric Log	X							
Pictured Cliffs		C-104	X	C-110	X	<u>54</u>	<u>998</u>	<u>1749</u>	<u>570</u>	<u>499</u>	<u>1896</u>	
Cliff House	<u>5170</u>	Remarks										
Menefee	<u>5267</u>											
Point Lookout	<u>5613</u>											
Mancos												
Tocito												
Dakota												
Morrison												
Entrada												

P
 o Blanco MV Co. San Juan s 30 T 31N R 8W U L Oper. EPNG Lse. Dawson No. 1
 Jan. Feb. Mar. Apr. May June July Aug. Sept. Oct. Nov. Dec.