Submit 5 Copies
Appropriate District Office
DISTRICT J
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
Fe. New Mexico, 87504-2088

DISTRICT III Santa Fe, New Mexico 87504-2088

DISTRICT III Santa Fe, New Mexico 87504-2088

BEOLIEST FOR ALL OWARD FAND AUTHORS

1.	Operators TO TOTAL OIL AND NATURAL GAS																
AMOCO PRODUCTION COMPANY										Well API No.							
Address Proposition Colifant 300452329500 Address P.O. BOX 800, DENVER, COLORADO 80201																	
Reason(s) for Filing (Check proper bax)	COLORAI	00 8020	01			Oels	er (Plane										
New Well	Other (Please explain) Change in Transporter of:																
Recompletion	Oil Casinubea		Dry Ga														
Change in Operator																	
II. DESCRIPTION OF WELL AND LEASE																	
Lease Name	AND LEA	Well No.	Pool Na	me, Includ	ing Forms	lion			Ki	nd o	of Lease			ase No.			
MANSFIELD A	1 BASIN DAK				OTA (PRORATED GAS)) Su	State, Federal or Fee				11U	•		
Unit LetterL	_ :1	460	. Feet Fre	om The	FSL	Line	and	11	10	Fo	et From The]	WL		Line		
Section 25 Townshi	90N		Range	10W	_	, NN	ирм,		SA	\N	JUAN			Cou	nty		
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS																	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)													u)				
MERIDIAN OIL INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas						3535 EAST 30TH STREET, FARMINGTON NM 8746 Address (Give address to which approved copy of this form is to be seen)											
EL PASO NATURAL GAS CON		P.O.	BO	X 1492	. F					7 06 368	- ,						
If well produces oil or liquids, give location of tanks.	[Unit [Sec.	Twp.	l Rge.	is gas actually connected? Wh					cg '	7 TX 79978						
this production is commingled with that from any other lease or pool, give commingling order number:																	
IV. COMPLETION DATA		Oil Well	1 6	s Well	. N 11		31.			_,							
Designate Type of Completion	- (X)	Jon wen	i	NP MEIT	New W 	(all 1	Workove	' ¦	Deepen	1	Plug Back	Same 	les'v	Diff R	ee'v		
Date Spudded	Date Compl. Ready to Prod.				Total De				-1	P.B.T.D.	·		<u> </u>				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay						Tubing Depth					
Perforations						·						Depth Casing Shoe					
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE						DEPTH SET POR LE MISIERE DEMENT											
							<u> </u>	10	E	5	F I A	TEN !		NI			
								À.	<u> </u>		a a 100f	<u>, </u>	_				
TECT DATE AND MICHIGAN									AU	٦		<u></u>					
/. TEST DATA AND REQUES DIL WELL (Test must be after re				and must	he equal to		reed ton	all au	OIL	C	~ • • • ·	.∨/c					
Date First New Oil Rua To Tank		be equal to or exceed top attornable of the during of for full 24 hours.) Producing Method (Flow, pump, gas lift and for full 24 hours.)															
ength of Test	Tubing Press	Casing Pressure						Choke Size									
Actual Prod. During Test																	
citial From During Test	Oil - Ubls.					Water - Bbis.					Gas- MCF						
GAS WELL			-														
Actual Prod. Test - MCI/D	Length of Te	Bbls. Condensate/MMCF					T	Gravity of Condensate									
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)					۱,	Choke Size						
I. OPERATOR CERTIFICA	TE OF (COMPL	JANC	E.							·· · · · · · · · · · · · · · · · · · ·						
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION											
is true and complete to the best of my knowledge and belief.						Date Approved											
NUM	Da	(U /	-hhtov	e()				_/\									
Signature United and Co. Co.						By_ But > Chang											
Signature Doug W. Whaley, Staff Admin. Supervisor Printed Name Title						SUPERVISOR DISTRICT #3											
July 5, 1990 Date	30	""	.														

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

- 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.