Appropriate Dauriet 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 II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

Rio Brazos Rd., Azzec, NM 87410	MEGOESTI			E AND AL	DAL GAS					
TO TRANSPORT OIL AND					Well API No. 3004524941					
MOCO PRODUCTION COMPANY	<u>r</u>					300.	<u> </u>			
O. BOX 800, DENVER, CO	DLORADO 802	01		Other	Please explain)				
son(s) for Filing (Check proper box)		in Transpo	orter of:						\	
v Well completion	Oil [Dry G	. 닏/							
ange in Operator	Casinghead Gas	Conde	nsate L							
ange of operator give name										
DESCRIPTION OF WELL A	ON OF WELL AND LEASE Well No. Pool Name, Including				Formation Kind of I			Lease No.		
ase Name COLD I RON COM A	1M BASIN (DAK						E STATE		E	
cation F	1720	Feet I	rom The	FNL Line	15	45 Feel	From The	FWL	Line	
Section 2 Township 30N Range 11W				, NM	, NMPM, SAN JUAN			County		
I. DESIGNATION OF TRANS	SPORTER OF	OIL A	ND NATUI	RAL GAS			of this for	m is to be se	nt)	
anc of Authorized Transporter of Oil	or Cor	adensale		oron to	address to wh	STREET	FARMIN	GTONNI	4 8/401	
MERIDIAN OLL INC.	and Gas or Dry Gas			3535 EAST 30TH STREET, FARM. Address (Give address to which approved copy of thi				rm is to be se	ni)	
ame of Authorized Transporter of Casing EL PASO NATURAL GAS COI	head Gas <u> </u>	or Di	y Cas []	P.O. BO	P.O. BOX 1492, EL PASO			TX /99/8		
well produces oil or liquids,	Unit Sec.	Twp	Rge.	is gas actually	connected?	When '	<i></i>			
ve location of tanks. this production is commingled with that f	from any other leas	e or pool,	give comming	ling order numl	er:					
V. COMPLETION DATA					Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
		Well	Gas Well	New Well	l workbrei			İ		
Designate Type of Completion	Date Compl. Rea	Date Compl. Ready to Prod.			xal Depth			P.B.T.D.		
	Nume of Produci	ion	Top Oil/Gas	p Oil/Gas Pay Tubi			bing Depth			
evations (DF, RKB, RT, GR, etc.) Name of Producing Formation				J				Depth Casing Slice		
'erforations										
	TUBING, CASING AND			CEMENT	EMENTING RECORD			SACKS CEMENT		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMETT		
HOLE SIZE										
							_l			
V. TEST DATA AND REQUE									ours)	
	ST FOR ALL	OWAB	LE	in he agual to	or exceed top a	Llawable for th	is depth or b	e for full 24 h	000.7	
OIL WELL (Test must be after	recovery of total	OWAB	LE oad oil and mu	Producing	or exceed top a Method (Flow,	llowable for the	is depth or b	e for full 24 h	(OD 3.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total v	OWAB olume of l	LE oad oil and mu							
OIL WELL (Test must be after Date First New Oil Run To Tank	recovery of total	v.=	LE oad oil and mu		use (1) 1°		Chuke Si	ie .		
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test	Date of Test Tubing Pressur	v.=	LE oad oil and mu	Casing Pre	ione (2) for the state of the s			ie .		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	v.=	LE oad oil and mu	Casing Pre	iane en fr		Chuke Si	ie .		
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test	Date of Test Tubing Pressur	v.=	LE oad oil and mu	Casing Pre	ILLER CONTROL	5 1901	Chuke Siz	ie .		
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test	Date of Test Tubing Pressur	t	LE ood oil and mu	Casing Pre	ione (2) for the state of the s	5 1991 N. 60	Gas- MC	Condensate		
OIL WELL (Test must be after Date First New Oil Run To Tank Length of Test Actual Prod. During Test GAS WELL Actual Frod. Test - MCF/D	Date of Test Tubing Pressur Oil - Bbls.	t		Casing Pre	LE B 2	5 1991 N. 607	Chuke Siz	Condensate		
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- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance
- 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.