Subnut 5 Copies Appropriate District Office DISTRICT.I P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Anesia, NM 88210

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 Brazas Rd., Aziec, NM 87410	REQUEST FO	OR ALLOWAE	LE AND AUTHO	ORIZATIO	NC			
TO TRANSPORT OIL AND NATURAL GA!					Well API No.			
ANOCO PRODUCTION COMPAN		300452526600						
Address P.O. BOX 800, DENVER, O	COLORADO 8020)1				,		
Reason(s) for Filing (Check proper box)	~ .	T	Other (Please	explain)				
New Well Recompletion		Transporter of: Dry Gas						
Change in Operator	Casinghead Gas	· ·						
If change of operator give name and address of previous operator								
II. DESCRIPTION OF WELL	AND LEASE							
Lease Name J F BELL	Well No. 2E	Pool Name, Includi BASIN DAKO	ng Formation OTA (PRORATED		Kind of Lease State, Federal or Fee	Lea	ise No.	
Location P	940		FSL	1020	F . F 31.	FEL	Line	
Unit Letter	. :	Feet From The	Line and		Feet From The		L4uc	
Section 03 Township	30N	Range 13W	, NMPM,		SAN JUAN		County	
III. DESIGNATION OF TRANS	SPORTER OF O	IL AND NATU	RAL GAS					
Name of Authorized Transporter of Oil	or Conde	nsate [X]	Address (Give address		waved copy of this form			
MERIDIAN OIL INC	phead Gas	or Dry Gas X	Address (Give address	OTH . STRI to which apj	EET , FARMINGT proved copy of this form	UN., CU.	87401 u)	
EL PASO NATURAL GAS CO			P.O. BOX 149	92,_EL [PASO, TX _ 799			
	Unit Sec.	Twp. Rge.	ls gas actually connect	.cd? 	When ?			
If this production is commingled with that f	from any other lease or	pool, give comming	ling order number:					
IV. COMPLETION DATA	Oil Wel	Gas Well	New Well Worko	ver Dor	pen Plug Back Sa	me Res'v	hif Res'v	
Designate Type of Completion			ii	i_	i		<u> </u>	
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RF, GR, etc.) Name of Producing Fo		onnation	Top Oil/Gas Pay		Tubing Depth	Tubing Depth		
Perforations	L		1		Depth Casing S	sock		
			OF ACTUAL DE					
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE		DEPTH SET		SA	SACKS CEMENT		
HOLE SIZE								
	·							
V. TEST DATA AND REQUES	ST FOR ALLOW	ABLE	s be equal to or exceed s	ion allowable	for this depth or be for	juli 24 how	rs)	
OIL WELL (Fest must be after r Date First New Oil Run To Tank	Date of Test	e oj toda on una mus	Producing Method (FI	low, pump, gu	is lyl, etc.)			
			Casing Pressure	- A R	PELV.E	fħ.		
Length of Test	ength of Test Tubing Pressure		Cabing Ficasor	N E				
Actual Prod. During Test	Oil - Bbis.		Water - Bbis.	n/	10L 5 1990			
	1				CON DIV	<u>. </u>		
GAS WELL Actual Prod. Test - MCF/D	al Prod. Test - MCF/D Length of Test		Bbls. Condensate/MM	ict Oll	Cirvity of Co.	ndensale		
			Casing Pressure (Shut-in)		DIST. 3	Choke Size		
Testing Method (pilot, back pr.)	Tubing Pressure (Sh	ul·in}	Casing Pressure (Shu	1-14)	Chore size			
VI. OPERATOR CERTIFIC Thereby certify that the rules and regul			OIL	CONSE	RVATION D	iVISIC	N	
Division have been complied with and is true and complete to the best of my	that the information gi	ven above				5 1000		
is true and complete to the best of my			11		JUI —			
L.H. Wheley			Ву		3.2)	1.	<u></u>	
Signature Doug W. Whaley, Sta	ff Admin. Su							
Finited Name June 25, 1990	_ 303	Title -830-4280	Title		SUPERVISOR	ווח ו כוט	<u> </u>	
, 11111 E - E - A - A - A - A		tenhone No	11					

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.