Submit 5 Copies
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., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		TOTRA	ANSPO	HI OIL	AND NATURAL GA		A DUNI				
Operator Amoco Production Company						Well API No. 3004525467					
Address 1670 Broadway, P. O.	Box 800), Denv	er, C	olorad	o 80201						
Reason(s) for Filing (Check proper box)				-	Other (Please expla	in)					
New Well		Change in		r							
Recompletion Oil Dry Gas											
Change in Operator	Casinghea	ad Gas	Condens	rate X							
If change of operator give name and address of previous operator			-								
II. DESCRIPTION OF WELL	AND LE	ASE									
Lease Name	Well No. Pool Name, Includ				ng Formation			L	ease No.		
LUDWICK A	1E BASIN (DAI				OTA)	FED	FEDERAL SFO		8194		
Unit LetterD	_ :10	50	_ Feet Fro	om The $\frac{F}{}$	NL Line and 790 Feet From			rom The FWL Line			
Section 19 Township 30N Range 10W , NMPM, SAN JUAN C									Соилту		
III. DESIGNATION OF TRAN	SPORTE			NATU							
Name of Authorized Transporter of Oil or Condensate					Address (Give address to which approved copy of this form is to be sent)						
MERIDIAN INC.					P. O. BOX 4289,						
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					1	• •	copy of this form is to be sent)				
	PASO NATURAL GAS COMPANY					P. O. BOX 1492, EL PASO, Is gas actually connected? When?			•		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. R			Rge.	is gas actually connected?	7					
If this production is commingled with that	from any of	her lease or	pool, give	commingl	ing order number:						
IV. COMPLETION DATA											
Designate Type of Completion	Oil Well			as 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					
							'				
	CEMENTING RECOR	D									
HOLE SIZE	CASING & TUBING SIZE			IZE	DEPTH SET		SACKS CEMENT				
V. TEST DATA AND REQUE	ST FOR	ALLOW	ARIE								
-				il and must	he equal to or exceed top allo	owable for thi	s denth or he fo	r full 24 hau	us)		
Date First New Oil Run To Tank	il unu musi	t be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)									
Length of Test	gth of Test Tubing Pressure					Casing Pressure			Chake Size		
	ual Prod. During Test Oil - Bbls.										
Actual Prod. During Test					Water - Bbls.	Gais-MCF					
GAS WELL							/ > .		()) 		
Actual Prod. Test - MCF/D	Length of Test				Bbis. Condensate/MMCF	Gravity of Condensate					
Festing Method (pitot, back pr.)	d (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)	Choke Size					
						_					
VI. OPERATOR CERTIFIC	ATE OF	COMF	PLIAN	CE		ISEDV	ΛΤΙ <u>ΟΝ</u> Γ	אועופור	M		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approve	d	AUG 07	1989			
1 I st.					Date Approved						
Signature Signature					By SUPERVISION DISTRICT # 3						
J. L. Hampton Sr. Staff Admin Suprv. Printed Name Title					Tielo	SUPER	(AT2TON D	15THIC	1 # 3		
7/28/89			830-50		Title						
Date //		lele	phone No) .	13						

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.