DISTRICT J
P.O. Box 1980, Herbbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, 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 2083

Santa Fe, New Mexico 37504-2088

DISTRICT III

| XXX Rio Brazos Rd., Aztec, NM 87410 | | | | | BLE AND NA | | AS | | | <u> </u> | | |
|--|---------------------------------|--------------|-----------------|--------------|-----------------------------|---|------------------|-------------------------|-----------------------|----------------------|--|--|
| perator AMOCO PRODUCTION COMPANY | | | | | | Weil API No. 3004525558 | | | | | | |
| Address P.O. BOX 800, DENVER, | COLORAI | 00 8020 |)1 | | | | | | | | | |
| cason(s) for Filing (Check proper bax) lew Well cocompletion | Oil Casinghea | Change in | Transp Dry C | ias 🗆 | Oth | es (l'iease expi | ain) | | | | | |
| change of operator give name | | | | | | | | | | | | |
| I. DESCRIPTION OF WELL | AND LE | ASE | | | | | | | | | | |
| Lease Name RIDDLE | Well No. Pool Name, Including | | | - | ng Formation RUITIAND SAND) | | | | Lease No. SF080244 | | | |
| ocation G | | 1650 | | | - | | 010 | DERAL | | | | |
| Unit Letter | - : | | _ Feet i | From The _ | FNI Lin | | | set From The . | FEL | line | | |
| Section 21 Townshi | p 30 | IN . | Rang | e 9W | ,N | мрм, | SA | N_JUAN_ | | County | | |
| II. DESIGNATION OF TRAN | SPORTI | | | ND NAT | URAL GAS | ne address to w | hich approved | copy of this | um is to be se | nt) | | |
| Name of Authorized Transporter of Oil or Conda MERIDIAN OIL INC. | | | | | 1 | AST 30TH | | | | | | |
| Name of Authorized Transporter of Casin, EL PASO NATURAL GAS CO | - | | | | | Address (Give address to which approved copy of this form is to be sent) P.C. BOX 1492 FL PASO TX 79978 | | | | | | |
| If well produces oil or liquids, | Unit | Soc. | Twp | Rg | e. Is gas notual | | When | | (31 <u>978</u> | - | | |
| this production is commingled with that | from any of | her lease or | pool, s | give commi | ngling order sum | ber: | | | | | | |
| V. COMPLETION DATA | | | | Gas Well | | Workover | Deepen | Plue Back | Same Res'v | Diff Res'v | | |
| Designate Type of Completion | - (X) | Oil Wel | 1 1 | Cat well | . i | WOLDVE | 1 | 1108 1212 | | <u> </u> | | |
| Date Spudded | Date Con | ipl. Ready i | o Prod | • | Total Depth | | | P.B.T.D. | | | | |
| levations (DF, RKB, RT, GR, etc.) Name of Producing Formation | | | | | Top OiVGas | Top Oil/Gas Pay Tubing Depti | | | | | | |
| l'erforations | | | | | | Dept | | | | pth Casing Shoe | | |
| TUBING, CASING AND | | | | | D CEMENT | CEMENTING RECORD | | | | | | |
| HOLE SIZE | CASING & TUBING SIZE | | | | | DEPTH SET | | | SACKS CEMENT | | | |
| | | | | | | | | | | | | |
| | | | | | | | | - | | | | |
| V. TEST DATA AND REQUE | ST FOR | ALLOW | ABL | E | <u></u> | | | <u> </u> | | | | |
| OIL WELL (Test must be after | recovery of | total volum | e of loo | ed oil and m | Producing A | or exceed top at Aethod (Flow, j | llowable for the | us depth or be etc.) | jor full 24 ho | ws.) | | |
| Date Fins New Oil Rua To Tank | Date of 1 | | | | | | | | | | | |
| Length of Test | Tubing Pressure | | | Casing: Prof | TEG | EIV | Clarke Siz | : | <u></u> | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - I | U FERS | 2 6 1991 | G MCF | 1 | | | |
| GAS WELL | | | | | | | | | | | | |
| Actual Prod. Test - MCF/D | Leagth of Test | | | | Bbls. Cond | DIST. 3 | | | Condensate | - • • • • • • | | |
| lesuing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | | Casin ; Pres | uure (Shul-in) | 31. 3 | Choke Siz | ē | | | |
| 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 | | | | | | OIL CONSERVATION DIVISION FEB 2 5 1991 Date Approved By SUPERVISOR DISTRICT 62 | | | | | | |
| Signature Boug W. Whaley, Staff Admin. Supervisor Philaded Name February 8, 1991 303-830-4280 | | | | | - Titl | e | | | | | | |
| Date | | | =830 clephor | | - | | | | | | | |

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.
- Fill out only Sections I, II, III, and VI for changes of operator, we I name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.