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

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bostom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III		Santa F	e, New Me	xico 8750	04-2088						
OW Rio Braus Rd, Aziec, NM 87410	REQUEST						ON				
I. TO TRANSPORT OIL AND NATURAL OPERATOR ANOCO PRODUCTION COMPANY						Well API No. 300452612200					
Address											
P.O. BOX 800, DENVER, Reason(s) for Using (Check proper box)	COLORADO 80	0201		Ou	ier (Please e	explain)					
New Well	Chang	e in Trans			·	•					
Recompletion	Oil	Dry (
Change in Operator [1,] I change of operator give name	Casinghead Gas	[_] Cond	iensate [X]								
and address of previous operator	ANDICACE										
II. DESCRIPTION OF WELL Lease Name EDUCATE CAR COM II	Well No. Pool Name, Includi			ing Formation OTA (PRORATED GAS)				Lease		se No.	
FEDERAL GAS COM H		E BA	SIN DAK	JIA (PRO	RATED	GAS)	State,	Federal or Fee			
Unit Letter	2085	Fea	From The	FNL Lin	e and	1660	Fe	et From The _	FEL	Line	
Section 31 Township	30N	Rang	12W	N	ІМРМ,		SAN	JUAN		County	
III DESIGNATION OF TRAN	SPORTER OF	COH A	ND NATH	RAL GAS							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU! Name of Authorized Transporter of Oil or Condensate X					Address (Give address to which approved copy of this form is to be sent)						
MERIDIAN OIL INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas X					3535 EAST 30TH STREET, FARMINGTON, CO. 874 Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS CO		j or D	iy Gas [_A_]	ł				TX 79		''	
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.				When		7.7111		
f this production is commingled with that IV. COMPLETION DATA	from any other leas	e or pool,	give commingl	ing order nun	iber:						
	(Oil '	Well	Gas Well	New Well	Workove	r De	epen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded	Date Compl. Read	dy to Prod		Total Depth	1	l		P.B.T.D.		L	
								1.0.1.0.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth			
Perforations				· · · · · · · · · · · · · · · · · · ·				Depth Casin	R Shoe		
	TUBII	NG, CAS	SING AND	CEMENT	ING REC	ORD					
HOLE SIZE	CASING	CASING & TUBING SIZE			DEPTH SET				SACKS CEMENT		
									·		
				ļ							
V. TEST DATA AND REQUES				h					Con 6 H 24 A 2 2		
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Test	wne of too	a on ana musi	Producing N					or just 24 nour	.,	
Length of Test	Tubing Pressure			Casing Pressure				Choke Size			
								EGEINEW			
Actual Prod. During Test	Oil - Bbls.			Water - Bbli	L		K	E"U"E	IAG		
GAS WELL							uu.	.111 2	1990	D .	
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF				JUL 2 1990			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)				L CON. DIV.J			
VI. OPERATOR CERTIFIC	ATE OF CO	MPLIA	NCE			ONICE	DV	A TION I			
I hereby certify that the rules and regul Division have been complied with and					OIL C	ONOE	.n v	MIION	DIVISIO	IN	
is true and complete to the best of my				Dat	e Appro	ved _	J	UL 2 1	990		
D. H. Shley					By 3 0						
Supature Boug W. Whaley, Staff Admin. Supervisor								•			
Printed Name		Tatie	;	Title)	SU	PERV	ISOR DIS	TRICT #	3	
<u>June 25, 1990</u> Date	3(13-830 Telephoni									

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
- 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.