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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

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

OOO KIO BIJAS KU, AACC, NNI 87410	HEQUES!	FOR ALLO	OWAB	LE AND NA	AUTHORI FURAL G.	ZATION AS				
TO TRANSPORT OIL A  Operator ANIOCO PRODUCTION COMPANY						Well API No. 300452614100				
Address P.O. BOX 800, DENVER		201								
Reason(s) for Filing (Check proper box	·	201		Oth	t (Please expl	ain)				
New Well		in Transporter	r of:			•				
Recompletion	Oil	Dry Gas								
Change in Operator	Casinghead Gas	Condensat	e X							
change of operator give name nd address of previous operator	···									
I. DESCRIPTION OF WEL	L AND LEASE									
Lease Name	Well N			ng Formation OTA (PROI	PATED GA	-	of Lease Federal or Fe	_	ease No.	
DUFF GAS COM		.   CAG IN	DAKC	TA (I KO	MIED UN	3)				
Location G	1770	Feet From	The	FNL	and1	480 Fe	et From The	FEL	Line	
Unit Letter		rea rion					JUAN			
Section 34 Town	ship 30N	Range	12W	, NI	MPM,		JUAN		County	
II. DESIGNATION OF TRA	NSPORTER OF	OIL AND	NATU	RAL GAS						
Name of Authorized Transporter of Oil		densate []		Address (Giv	e address to w	hich approved	copy of this	form is to be s	ivi)	
MERIDIAN OIL INC.	L			3535-E	AST.30TH	STREET	FARMIN	GTON, CO	87401	
Name of Authorized Transporter of Ca	• [X]	Address (Give address to which approved copy of this form is to be sent)								
EL PASO NATURAL GAS			n	P.O. B	0X 1492,	EL PASC	, TX 7	9978		
If well produces oil or liquids, ive location of tanks.	Unit Sec.	Twp.	Rge.	ie Bae actiran	y connected?	1 when	,			
f this production is commingled with the	at from any other lease	or pool give o		ing order num	DET:					
V. COMPLETION DATA	iai ficini any cener reasc	or poor, greet								
	Oil V	Vell Gas	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion				1	1	1	I,	J	_1	
Date Spudded	Date Compl. Read	y to Prod.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	e Formation		Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
CICTARUM (LAC., MAD, M.), ON, SIC.)										
Perforations							Depth Casi	ng Shoe		
	ALUIT	C CACINIC	AND	CEMENT	NC PECOI	2D		<u></u>		
HOLEGIVE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
HOLE SIZE	- CASING S									
				L						
V. TEST DATA AND REQU	EST FOR ALLO er recovery of total volu	WABLE	and must	he equal to or	exceed ion al	lowable for the	s depth or be	for full 24 hor	urs)	
OIL WELL (Test must be often Date First New Oil Run To Tank	Date of Test	ene of load of	and musi	Producing M		PA : HEVE	ick I W	I IC IO		
Date His fiew off for 10 1-11	D. 102							<u>[5]</u>		
Length of Test	Tubing Pressure			Casing Press	ure	n <i>a</i>	Choke Size 2 1991	<u> </u>		
		Oil - Bbis.			JUL Water - Bbls OIL C			J		
Actual Prod. During Test	Oil - Bbls.							J.VIC		
				l			IST. 3		,	
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	seate/MMCF			Condensate	j	
Actual Floor Feat - McFrD										
ing Method (puot, back pr.) Tubing Pressure (Shul-in)		Casing Pressure (Shut-in)			Choke Size	:	-			
				<u> </u>			1			
VI. OPERATOR CERTIF	ICATE OF CO	MPLIANO	CE	11 .		NSERV	ATION	DIVISION	NC	
I hereby certify that the rules and re	gulations of the Oil Co	nscrvation		]				1990		
Division have been complied with a is true and complete to the best of a	my knowledge and beli-	i Biash mooae H		D-4			UL Z	1350		
	.,			Date	Approv		. ~/	/		
LYP. Ishler	_					Bis	). <del>U</del>	8		
Signature				By_		SUPERI	ISOR DI	STRICT	13	
Doug W. Whaley, S	taff Admin. S	uperviso Tide	r			W-01 E-11				
Printed Name June 25, 1990	30		80.	Title		<del>,</del>				
		Telephone 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.