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Appropriate District Office
DISTRICT 1
P.O. Box 1980, 1kibbs, 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, Artesia, NM 88210

	EC, 1441 67410	REQU	JEST FO	A AC		BLE AN	A DI	UTHOF URAL (RIZ/ RAS	ATION S							
Operator	- VIAD	ND NATURAL GAS Well API No. 300452682600															
AMOCO PRODUCT					300	045	268260										
P.O. BOX 800	, DENVER, C	OLORAI	00 8020	1													
Reason(s) for Filing (Ch.	eck proper box)		Change in	Tmass	orter of:	L	Other	(Please e	xplain	')						1	
New Well Recompletion	Ħ	Oil	~~~	Dry G	[]												
Change in Operator	ii		ad Gau 🔲	Conde	r												
I change of operator give and address of previous of	e name																
II. DESCRIPTION	•	ND LE	ASE														
BARRETT	K T		Well No. 10				ng Formation TURED CLIFFS (GAS)) Kind of Lease State, Federal or			Lease No.			
Location	0]	1105			FSL			173	5	_	_ ~	FE	EL			
Unit Letter _			. :		Feet From The		Line and				From The	A NY			Line		
Section	20 Township	311	···	Range	9W		, NM	IPM,		SA	N .	JUAN			Coun	ly	
III. DESIGNATIO	ON OF TRANS	SPORTE	ER OF O	IL A	ND NAT	URAL G	AS										
Name of Authorized Tra	Address	Address (Give address to which approved copy of this form is to be sent)															
MERIDIAN OIL Name of Authorized Tra	head Gas		or Dr	y Gas	3535	3535 EAST 30TH STRE Address (Give address to which app				CET, FARMINGTON, NM 87401 proved copy of this form is to be sent)							
EL PASO NATUR	•			W 2.	,	'						TX 79					
If well produces oil or li give location of tanks.		Unit	Soc.	Twp.	l Rg	c. ls gas a	clually	connected	13	Who	:07						
If this production is com		rom any ol	her lease or	pool, g	jve commin	gling order	danna	er:									
IV. COMPLETIC	N DATA		louwi	 ,-	Gas Well	New	Wall (Workove	, 	Deepen	-1-	Plug Back	Same R		Diff R	cs'V	
Designate Type	of Completion -		Oil Wel	i_		_i	j	WOLLOW	<u></u> i		_i_				<u></u>		
Date Spudded		Date Con	ipl. Ready t	o Prod.	Prod.		Total Depth					P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oi	Top Oil/Gas Pay					Tubing Depth					
Perforations						l	<u> </u>					Depth Casing Shoe					
			TUBING	CAS	ING AN	D CEME	ITN	NG REC	ORI)							
HOLE SIZE		CASING & TUBING SIZE				DEPTH SET					SACKS CE				ENT		
										-61	e 						
		<u> </u>					(D) E (6)				E . V - (U)						
		<u> </u>								0 1	2 3 1990						
V. TEST DATA	AND REQUES	T FOR	ALLOW	ABL	E				UA	G z 8	191	~41					
OIL WELL (AND KEQUES Test must be after ra a To Tank	ecovery of	total volum	of loa	d oil and m	ust be equa	l to or	exceed top	allo Tu	EON	115	MAN	for Juli 2	4 hou	vs.)		
Date First New Oil Rus	a To Tank	Date of T	(cal			riodic	18K tan	eurou (Co	3	DIST	. 3	, 					
Length of Test		Tubing Pressure				Casing	Casing Pressure					Choke Size					
Actual Prod. During Test		Oil - Bbis.				Water	Water - Bbis.					Gas- MCF					
GAS WELL		1							-								
Actual Prod. Test - MC	Length of Test					Bbls. Condensate/MMCF					Gravity of Condensate						
Testing Method (pitot, I	Tubing Pressure (Shut-in)				Casing	Casing Pressure (Shut-in)					Choke Size						
VI. OPERATO								OIL C	ON	ISER'	VA	ATION	DIVI	SIC	NC		
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.							AUG 2 3 1990										
11/1	100.						Date	Appro	ove.	u		/)				
Signature							By But Chang										
Signature Doug W. Whaley, Staff Admin. Supervisor Printed Name Title							Title SUPERVISOR DISTRICT #3										
<u>July 5, 19</u>	90		303:	: 830: Icphon	=4280 c No.	-											

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.