

OIL CONSERVATION DIVISION

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

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Urazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company	Well API No. 30-045-27486
Address P O Box 800, Denver, CO 80201	
Reason(s) for Filing (Check proper box) New Well <input checked="" type="checkbox"/> <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator _____	

RECEIVED
JAN 11 1990
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-9 Unit	Well No. 102	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. SF-078386
Location Unit Letter D : 830 Feet From The North Line and 1090 Feet From The West Line Section 17 Township 31N Range 9W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P. O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
Unit Sec. Twp. Rge.	yes 12/89

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/>	New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v <input type="checkbox"/> Diff Res'v <input type="checkbox"/>
Date Spudded 10/8/89	Date Compl. Ready to Prod. 12/20/89	Total Depth 3549'
Elevations (DF, RKB, RT, GR, etc.) 6524' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3364'
Perforations 3364' - 3388', 3416' - 3428'	TUBING, CASING AND CEMENTING RECORD	
HOLE SIZE 12 1/4" 7 7/8"	CASING & TUBING SIZE 8 5/8" 24# 4 1/2" 11.6# 2 3/8"	DEPTH SET 265 3549 3437'
		SACKS CEMENT 250 793 sxlead, tail w/ 265 SX

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of liquid oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

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OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 2290	Length of Test 8 hours	Bbls. Condensate/MNCF 0	Gravity of Condensate
Testing Method (pilot, back pr.) flowing	Tubing Pressure (MNCF) Flowing 76	Casing Pressure (MNCF) Flowing 341	Choke Size 2 inch

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 **Doug W. Whaley**
Printed Name **Doug W. Whaley** Staff Admin. Supervisor
Date **1/5/90** Telephone No. **(303) 830-4280**

OIL CONSERVATION DIVISION

Date Approved **FEB 22 1990**

By **Burt J. Chang**
SUPERVISOR DISTRICT #3

Title _____

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT-REVENUE

APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

1a. TYPE OF WORK

DRILL ☒

DEEPEN ☒ MAY 15 PLUG BACK ☐

b. TYPE OF WELL

OIL
WELL ☐

GAS
WELL ☒

Coal Seam ☐

OTHER ☐

SINGLE
ZONE ☒

MULTIPLE
ZONE ☐

2. NAME OF OPERATOR

Amoco Production Company

3. ADDRESS OF OPERATOR

2325 East 30th Street, Farmington NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)*

At surface

830

1660' FNL x 1090' FWL

At proposed prod. zone

Same

14. DISTANCE IN MILES AND DIRECTION FROM NEAREST TOWN OR POST OFFICE*

25 miles northeast of Aztec NM

15. DISTANCE FROM PROPOSED*

LOCATION TO NEAREST
PROPERTY OR LEASE LINE, FT.
(Also to nearest drlg. unit line, if any)

1050'

16. NO. OF ACRES IN LEASE

1,280.00/260.44

18. DISTANCE FROM PROPOSED LOCATION*

TO NEAREST WELL, DRILLING, COMPLETED,
OR APPLIED FOR, ON THIS LEASE, FT.

--

19. PROPOSED DEPTH

3710'

17. NO. OF ACRES ASSIGNED
TO THIS WELL

313.79 W/2 155.97

20. ROTARY OR CABLE TOOLS

Rotary

21. ELEVATIONS (Show whether DF, RT, GR, etc.)

6524' GR

This action is subject to technical and
procedural review pursuant to 43 CFR 3165.3

and appeal pursuant to 43 CFR 3165.4 AND CEMENTING PROGRAM

22. APPROX. DATE WORK WILL START*

As soon as permitted

23. DRILLING OPERATIONS AUTHORIZED ARE
SUBJECT TO COMPLIANCE WITH ATTACHED
"GENERAL REQUIREMENTS"

SIZE OF HOLE	SIZE OF CASING	WEIGHT PER FOOT	SETTING DEPTH	QUANTITY OF CEMENT
12-1/4"	8-5/8"	H40 28#	250'	250 cf Class B
7-7/8"	4-1/2"	K55 11.6#	3710'	1242 cf Class B

Notice of Staking was submitted 4-28-89.

Lease description:

T31N-R9W, NMPM

Sec. 15: All

Sec. 17: All

RECEIVED
SEP 28 1989
OIL CON. DIV.
DIST. 3

IN ABOVE SPACE DESCRIBE PROPOSED PROGRAM: If proposal is to deepen or plug back, give data on present productive zone and proposed new productive zone. If proposal is to drill or deepen directionally, give pertinent data on subsurface locations and measured and true vertical depths. Give blowout preventer program, if any.

24. SIGNED J. L. Hampton TITLE _____ DATE 5/12/89

(This space for Federal or State office use)

PERMIT NO. _____ APPROVAL DATE _____

APPROVED BY _____ TITLE _____ DATE APPROVED

CONDITIONS OF APPROVAL, IF ANY:

AS AMENDED

RECEIVED
NOISIAID NOPS
On Reverse Side

SEP 26 1989

Title 18 U.S.C. Section 1001 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States a false statement.

Submit to: Appropriate
District Office
State Lease - 4 copies
Fee Lease - 3 copies

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-102
Revised 1-1-89

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

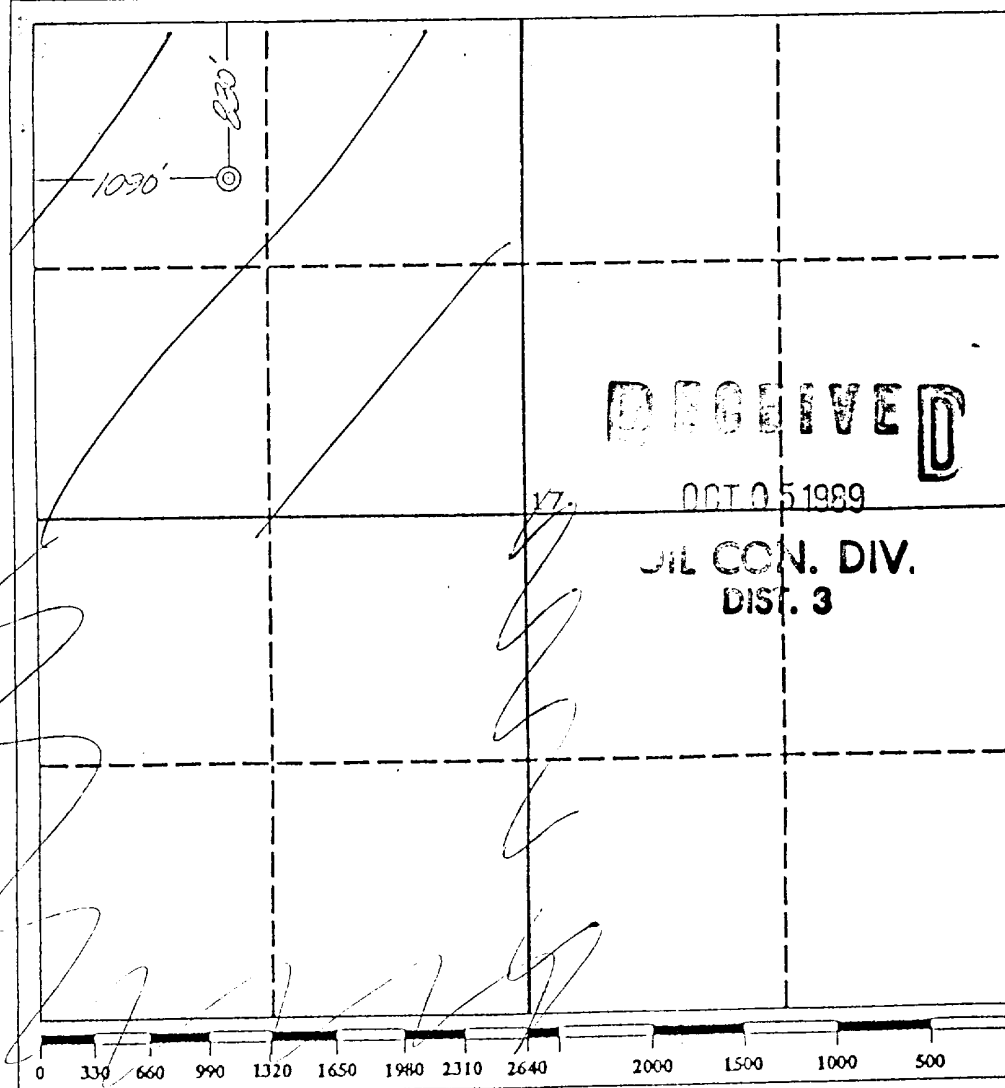
DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL LOCATION AND ACREAGE DEDICATION PLAT

All Distances must be from the outer boundaries of the section

Operator AMOCO PRODUCTION COMPANY			Lease SAN JUAN 32-9 UNIT		Well No. # 102
Unit Letter D	Section 17	Township 31 NORTH	Range 9 WEST	County NMPM	SAN JUAN
Actual Footage Location of Well: 830 feet from the NORTH line and 1070 feet from the WEST line					
Ground level Elev. 6524	Producing Formation Pictured Cliffs	Pool Blanco Pictured Cliffs	Dedicated Acreage: 155.97 Acres		

- Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plat below.
- If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
- If more than one lease of different ownership is dedicated to the well, have the interest of all owners been consolidated by communization, unitization, force-pooling, etc.?
☐ Yes ☐ No If answer is "yes" type of consolidation _____
If answer is "no" list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary).
No allowable will be assigned to the well until all interests have been consolidated (by communization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interest, has been approved by the Division.



OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

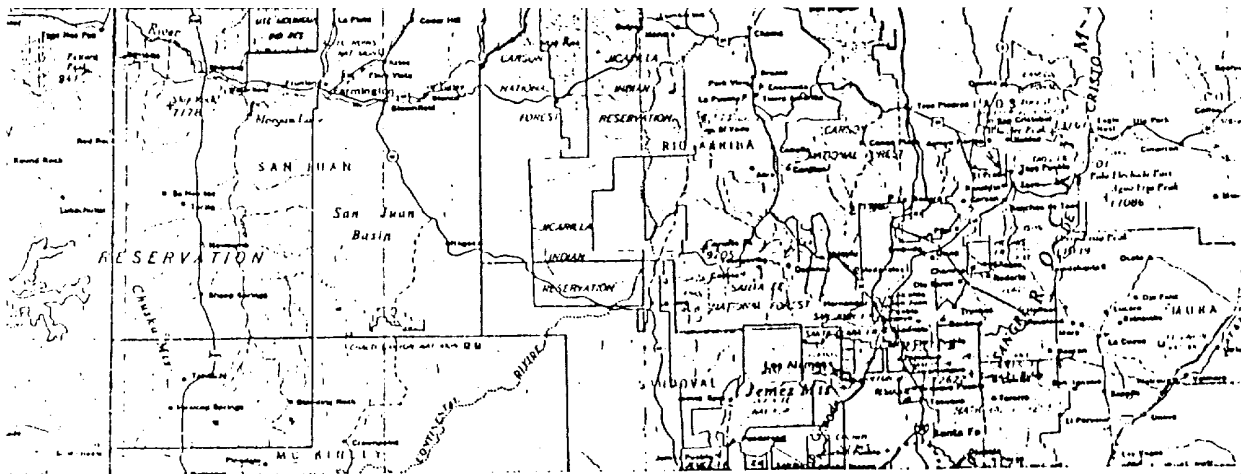
Signature *J.L. Hampton*
Printed Name **J.L. Hampton**
Position **Sr. Staff Admin. Supr.**
Company **Amoco Production Co.**
Date **10/2/89**

SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed
August 11, 1989

Signature & Seal of Professional Surveyor
GARY D. VANN
7016
Gary D. Vann
7016
REGISTERED PROFESSIONAL LAND SURVEYOR



SAN JUAN 32-9 UNIT, # 102

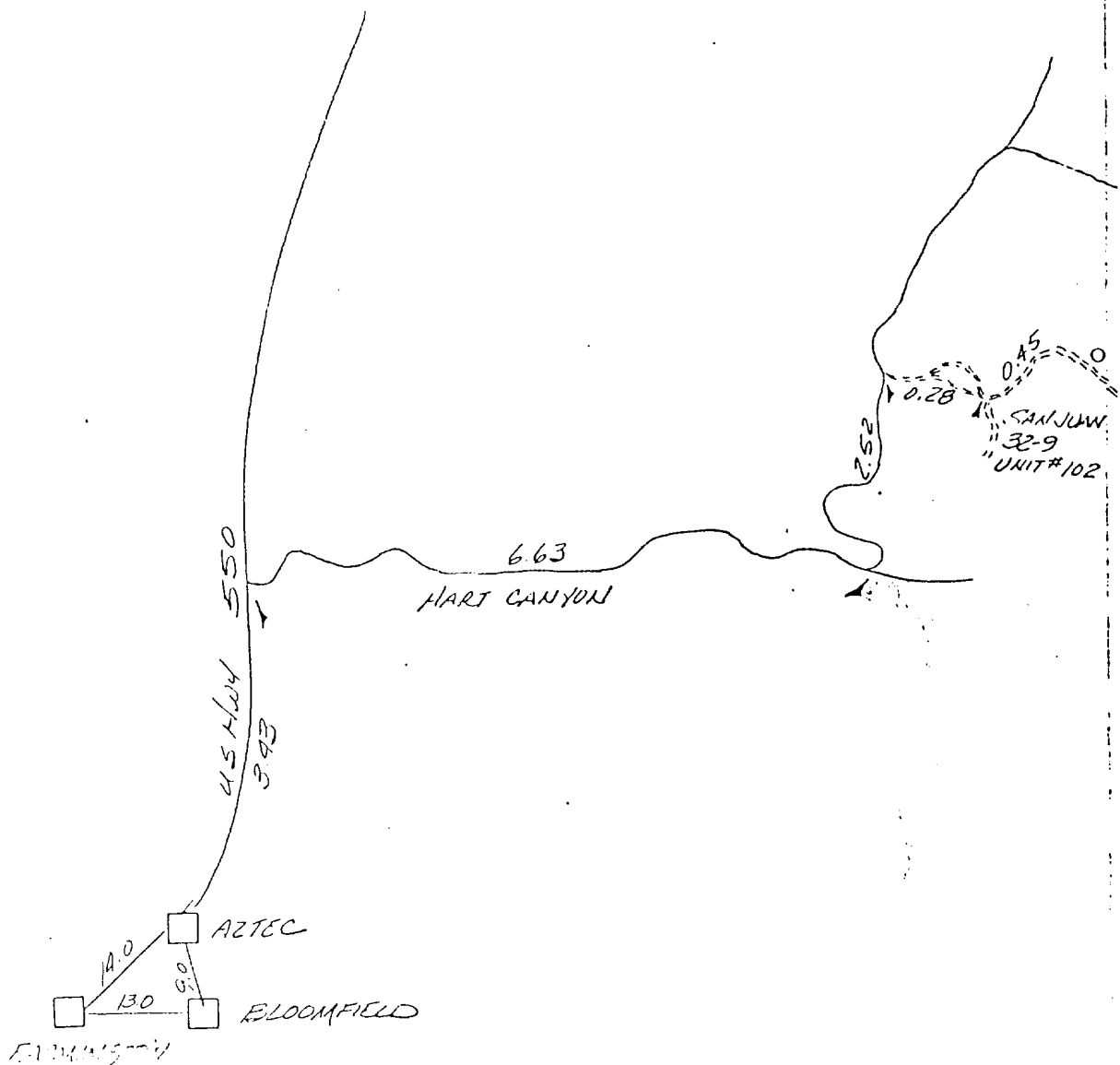
830' F/NL 1090' F/WL

SEC. 17, T31N, R9W, NMPM

RAIL POINT: 138 miles from Montrose Co.

MUD POINT: 25 miles from Aztec, NM

CEMENT POINT: 39 miles from Farmington, NM.



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

53 JAN 22 PM 1:33

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR

Amoco Production Company ATTN: J.L. HAMPTON

3. ADDRESS OF OPERATOR

P. O. Box 800 Denver, Colorado 80201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

830' FNL, 1090' FWL

14. PERMIT NO. API

15. ELEVATIONS (Show whether DT, RT, GR, etc.)

6524' GR.

7. UNIT AGREEMENT NAME

San Juan 32-9 Unit

8. FARM OR LEASE NAME

9. WELL NO.

102

10. FIELD AND POOL, OR WILDCAT

Blanco/Pictured Cliffs

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 17, T31N, R9W

12. COUNTY OR PARISH 13. STATE

San Juan NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE

RECEIVED
FEB 07 1990
OIL CON. DIV.

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Spud a 12 1/4" surface hole on 10/8/89 at 15:00 hrs. Drilled to 265'.
Set 8 5/8" 20# H-40 ST+C surface casing at 265'. Cemented with 250 SX CLB. Circulated 13 BBLs to the surface.
Pressure tested casing to 1500 psi. Drilled a 7 7/8" hole to a TD of 3562' on 10/12/89. Set 4 1/2" 11.6# K55 LT+C production casing at 3549'. Cemented with 793 SX CLB lead, tail w/ 265 SX CLB. Circulated BBLs good cement to the surface.
ost circ. 227 BBL of 243)

See below

Rig Released at 1700 hrs. on 10/12/89.

Cement bond showed 100% cement bond from 3510' - 2120'. Free casing from 2120' to surface. 12/16/89 did a cement squeeze by perf. w/ 4 JSPF from 2100' - 2101'. Pumped 600 SX 65/35 poz. Tailed with 100 SX C. G. Neat. Circulated 51 BBL to surface. (Therefore, cemented to surface.)

18. I hereby certify that the foregoing is true and correct

SIGNED

J. Hampton/CB

TITLE Sr. Staff Admin. Supv.

DATE

12/21/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NMOCD

Hampton Resource Area

Smr

*See Instructions on Reverse Side

San Juan 32-9 Unit # 102

37. SUMMARY OF POROUS ZONES: (Show all important zones of porosity and contents thereof; cored intervals; and all drill-stem, tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures, and recoveries):

38.

GEOLOGIC MARKERS

FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	TOP	
					MEAS. DEPTH	TRUE VERT. DEPTH
				Ojo Llano	2105'	
				fruitland	2956'	
				Pictured Cliffs	3364'	

(November 1983)
(formerly 9-330)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE*

Form approved,
Budget Bureau No. 1004-0137
Expires August 31, 1985

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

1A. TYPE OF WELL: ☒ OIL ☐ WATER ☐ OTHER ☐ DRY ☐ OTHER
B. TYPE OF COMPLETION: ☒ NEW WELL ☐ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DEEP REPAIR ☐ OTHER
2. NAME OF OPERATOR

Amoco Production Company ATTN: J. L. HAMPTON

P. O. Box 800 Denver, Colorado 80201

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements):

At surface 830' FNL, 1090' FWL

At top prod. interval reported below

At total depth

14. PERMIT NO. API 30-045-27486 DATE ISSUED 9/26/89

7. UNIT AGREEMENT NAME
San Juan 32-9 Unit

9. WELL NO.

102

10. FIELD AND POOL, OR WILDCAT

Blanco/Pictured Cliffs

11. NEUT. T. N. M., OR BLOCK AND SURVEY OR AREA

Sec. 17, T31N, R9W

12. COUNTY OR PARISH

San Juan

13. STATE

NM

15. DATE RECEIVED

10/8/89

16. DATE T.D. REACHED

10/12/89

17. DATE COMPL. (Ready to prod.)

12/11/89

18. ELEVATION (OF, RKB, RT, OR, ETC.)

6524' GR

19. ELEV. CASINGHEAD

20. TOTAL DEPTH, MD & TVD

3549'

21. PLUG, BACK T.D., MD & TVD

3510'

22. IF MULTIPLE COMPL., HOW MANY?

1

23. INTERVAL DRILLED BY

yes

24. NOTARY TOOLS

yes

25. CABLE TOOLS

no

26. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)

Pictured Cliffs 3364'-3428'

27. TYPE ELECTRIC AND OTHER LOGS RUN

DIL/SP/GR; microlog, FDC/GR/CNL

28. WAS WELL CORED

yes.

29. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT FULLED
8 5/8"	20#	265	12 1/4"	2505xCLB	
4 1/2"	11.6#	3562'	7 7/8"	1935xCLB lead	
				2655xCLB tail	

30. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	BACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 3/8"	3437'	

31. PERFORATION RECORD (Interval, size and number)

3364'-3388' w/4 JSPF, 4 1/2 in., 96 shots, open
3416'-3428' " " 48 shots, open

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
3364'-3428'	frac dn. coq w/ 33894 gal. 40# gel, 1185.696 scf N2, 147000# 12/20 SN, AIR 40 BPM AIP 1560 psi.

33. PRODUCTION

12/19/89		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)					WELL STATUS (Producing or shut-in)	
DATE OF TEST		HOURS TESTED	CHOKED SIZE	PROD. FOR TEST PERIOD	OIL—BBL.	GAS—SCF.	WATER—BBL.	VAR-OIL RATIO
12/11/89		24	2"	→	Ø	2290	Ø	SI waiting on pipeline
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)		
76	341	→	Ø	2290	Ø			
DISPOSITION OF OIL (Sales, storage, etc.)								

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

to be sold

35. LIST OF ATTACHMENTS

Deviation Summary.

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED J. L. Hampton

Sr. Staff

TITLE Admin. Supervisor

DATE 1/10/90

*(See Instructions and Spaces for Additional Data on Reverse Side)

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

OIL CONSERVATION DIVISION
RECEIVED

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

'90 FEB 29 AM 10 05

Operator Amoco Production Company		Well API No. 30-045-27486
Address P O Box 800, Denver, CO 80201		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Other (Please explain) <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Change in Operator <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator		

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JAN 21 1990
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-9 Unit	Well No. 102	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. SF-078386
Location Unit Letter <u>D</u> : 830 Feet From The North Line and 1090 Feet From The West Line Section 17 Township 31N Range 9W, NMIM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P. O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When?
	yes 12/89

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		X	X					
Date Spudded 10/8/89	Date Compl. Ready to Prod. 12/20/89	Total Depth 3549'	P.B.T.D. 3510'					
Elevations (DF, RKB, RT, GR, etc.) 6524' GR	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 3364'	Tubing Depth 3437					
Perforations 3364' - 3388', 3416' - 3428'			Depth Casing Shoe					
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE 12 1/4"	CASING & TUBING SIZE 8 5/8" 24#	DEPTH SET 265	SACKS CEMENT 250					
7 7/8"	4 1/2" 11.6#	3549	793 sxlead, tail w/ 265 SX					
	2 3/8	3437						

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

RECEIVED
JAN 22 1990
OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D 2290	Length of Test 24 hours	Bbls. Condensate/MMCF 0	Flow Rate of Condensate
Testing Method (pilot, back pr.) flowing	Tubing Pressure (XXXX) flowing 76	Casing Pressure (XXXX) flowing 341	Choke Size 2 inch

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 Doug W. Whaley
Printed Name Doug W. Whaley Staff Admin. Supervisor
Date 1/5/90 Telephone No. (303) 830-4280

OIL CONSERVATION DIVISION

Date Approved 2-22-90 FEB 22 1990

By [Signature]

Title SUPERVISOR DISTRICT

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

OIL CONSERVATION DIVISION
RECEIVED

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

MAR 19 AM 10 04

Operator Meridian Oil Inc.		Well APN No. 30-045-27486
Address P.O. Box 4289, Farmington, N.M. 87499		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Amoco Production Co. P.O. Box 800, Denver, Co. 80201		

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 32-9 Unit	Well No. 102	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	Lease No. SF-078386
Location Unit Letter <u>D</u> : <u>830</u> Feet From The <u>North</u> Line and <u>1090</u> Feet From The <u>West</u> Line Section <u>17</u> Township <u>31N</u> Range <u>9W</u> , <u>NMPM</u> San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas		P.O. Box 990, Farmington, N.M. 87499
If well produces oil or liquids, give location of tanks.	Unit <u>D</u> Sec. <u>17</u> Twp. <u>31N</u> Rge. <u>9W</u>	Is gas actually connected? <input type="checkbox"/> When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas 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			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
RECEIVED								
MAR 13 1990								

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this pool or lease for full 24 hours)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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 Leslie Kahwajy
Printed Name Leslie D. Kahwajy Title Regulatory Affairs
Date 3/13/90 Telephone No. 505-326-9745

OIL CONSERVATION DIVISION

Date Approved MAR 13 1990
By [Signature]
Title SUPERVISOR DISTRICT III

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.