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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

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

DISTRICT III		<b>5</b> a	nta re,	, New Mi	exico 87:	304-20	88		!			
1000 Rio Brazos Rd., Aziec, NM 87410				LOWAE								
I. Operator		TO TRA	NSP	ORT OIL	AND N	ATUR	AL GA		API No.			
AMOCO PRODUCTION COMPANY						3004				0		
Address P.O. BOX 800, DENVER,	COLORA	00 8020	)1								·	
Reason(s) for Filing (Check proper box)					o	ther (Ple	ase expla	in)				
New Well	Oil	Change in	Transpo Dry Ga	( )								
Recompletion [ ]  Change in Operator [ ]	Casinghe		Conden	- ,								
If change of operator give name												
and address of previous operator II. DESCRIPTION OF WELL:	AND LE	ASE										
Lease Name STATE GAS COM BC	Well No. Pool Name, Includi							of Lease , Federal or Fee				
Location		L	_ bas	IN DAK	71A (1K		D OAS	5)   3000		_l		
Unit LetterC		790	Feet Fr	om The	FNL	ine and .	14	50 r	cet From The _	FWL	Line	
Section 32 Township	, 31	N	Range	12W		NMPM,		SA	N JUAN		County	
		D 00 0										
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUI   Name of Authorized Transporter of Oil						RAL GAS Address (Give address to which approved copy of this form is to be sent)						
MERIDIAN OIL INC.									FARMING			
Name of Authorized Transporter of Casinghead Gas or Dry Gas X									d copy of this for			
EL PASO NATURAL GAS CO		ı	I To	·					O, TX 79	978		
If well produces oil or liquids, give location of tanks.	Unit 	Sec.	Twp. 	Rge.	is gas actu	illy conn	ected?	Whe	n 7			
If this production is commingled with that	from any od	her lease or	pool, giv	e commungl	ing order nu	mber:						
IV. COMPLETION DATA	<del>.</del>	Oil Well		Gas Well	New Wel	il wa	kover	Deepen	Plug Back	Same Res'v	Dilf Res'v	
Designate Type of Completion	- (X)	I	`   `	Dan Wett	''''' "''	1 ""	1000	Deepen	ring track	Sallic Res v	jan keer	
Date Spudded	Date Con	pl. Ready to	Prod.		Total Depti	n			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth	Tubing Depth		
l'erforations					l				Depth Casing	Shoe		
	<del></del> ,	THOMAC	CASH	NC AND	CEMENT	CINC F	ECODI	<u> </u>	_l			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT		
					oer moet				-			
	ļ								-			
V. TEST DATA AND REQUES	TFOR	ALLOW	ABLE		1				_1			
OIL WELL (Test must be after r	T		of load	oil and must			<del>-</del>			or full 24 hour:	r.)	
Date First New Oil Run To Tank	Date of Test				Producing .	Method (	(Flow, pu	mp, gas lýt,	alc.)			
Length of Test	Tubing Pr	ezsure		Casing Pressure				Choke Size				
Actual Prod. During Test	Oil - Bbls			TO EACIVE M				Gas- MCF	Gas- MCF			
	Oii Dois				D) E	, b i						
GAS WELL					U/Z		K 100	<u>.                                    </u>	,			
Actual Prod. Test - MCF/D	Length of		Bbls. Con Whee/MIMC				Gravity of Co	Gravity of Condensate				
Tubing Method (pitot, back pr.) Tubing Pressure (Shut-in)					CAROLL CON, DIV.				Choke Size			
, , , , , , , , , , , , , , , , , , ,			DIST. 3									
VI. OPERATOR CERTIFIC				NCE		OII	CON	ISEDI	'ATION [	אוויובור	N	
I hereby certify that the rules and regul Division have been complied with and						OIL	CON	IOLIN V	AHONL		1.4	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved JUL 5 1990						
Nil III.						Date Approved JUL 5 1990						
Signature Signature		-;			Ву				31)	- Dan		
Doug W. Whaley, Sta	ff Admi	n. Sup		<u>sor</u>	1				SUPERVISO	ne niste	UCT 43	
Punted Name June 25 1990		300	Tate 830-4	(28A	Titl	e				אונוט ווכ		
June 25., 1990			ophone 1 1 snodga		11							

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

- 1) Request for allowable for newly drifted 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.