Submit 5 Copies
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

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III			xico 8/304-2088				
OW Rio Brazos Rd., Aztec, NM 87410			LE AND AUTHO AND NATURAL	.GAS	II API No.		
AMOCO PRODUCTION COMPANY				300451024200			
Address P.O. BOX 800, DENVER, C	COLORADO 8020	1					
Reason(s) for Filing (Check proper box)	Change is	Transporter of:	Other (Please	explain)			
New Well Recompletion		Dry Gas					- 1
Change in Operator	Casinghead Gas	Condensate					
f change of operator give name ad address of previous operator							
I. DESCRIPTION OF WELL A	ND LEASE				<del></del>	1	
Lease Name ATLANTIC A LS	Well No.	Pool Name, Including BLANCO MES	ng Formation AVERDE (PRORA		nd of Lease ate, Federal or Fee	Lease No.	
Location M	790	D . D . D	FSL	990	Feet From The	FWL 1	ine
Unit Letter	31N	Feet From The 10W	Line and	s	AN JUAN	Count	l
Section Township		Kange	, NMPM,			COUNT	لسبية
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTER OF O		RAL GAS Addices (Give outbess	to which appro	oved copy of this form	is to be sent)	
MERIDIAN OIL INC.	3535 EAST 30TH STREET, FARMINGTON, NM 87401						
Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS COM	IPANY	·	P.O. BOX 149	2 EL PA	SO, TX 7997	18	-
If well produces oil or liquids, give location of tanks.	Unit Soc.	Twp.   Rue.	Is gas actually connect	ear w	Bett 1		
If this production is commingled with that f	rom any other lease or	pool, give commingl	ing order number:				
IV. COMPLETION DATA					l m m le	me Res'v Diff Re	
Designate Type of Completion -	Oil Wel - (X)	1 Gas Well	New Well   Worko	ver   Deeps	en   Plug Back  Sa	WE KEPA PAIT VE	•
Date Spudded	Date Compl. Ready t	o Prod.	Total Depth		P.B.T.D.		
			To- Oil/Cae Pay		The Death	M. N. Darib	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay		Tubing Depth	Tuoing treput	
Perforations	L				Depth Casing S	line	
	THRING	CASING AND	CEMENTING RE	CORD	11 %	(U)	
HOLE SIZE	CASING & T		DEPTH		B B B P	C S EMENT	
TIOLE DILL				(D) E		<u> </u>	
				₩ <u>~</u>	JG2 3 1990		
			ļ		יום ובבב	J.	
V. TEST DATA AND REQUES	T FOR ALLOW	ABLE	1	OIL	CON. DI		
OIL WELL (Test must be after re	t be equal to or exceed t	e equal to or exceed top allowable for the land to for full 24 hours )					
Date First New Oil Run To Tank	Date of Test		Producing Method (Fi	ow, pump, gas	lýi, etc.)		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size	Choke Size	
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF	Gas- MCF	
GAS WELL	1						
Actual Prod. Test - MCF/D	Leagth of Test		Bbls. Condensate/MMCF		Gravity of Co	Gravity of Condensate	
Festing Method (pitot, back pr.)	Tubing Pressure (Sh	ul-in)	Casing Pressure (Shut-in)		Choke Size	Choke Size	
VI. OPERATOR CERTIFIC	OIL CONSERVATION DIVISION						
I hereby certify that the rules and regul Division have been complied with and is true and complete to the best of my	Data Approved AUG 2 3 1990						
11/10.	Date Approved						
Signature W. Whaley, Staf	By 3						
Printed Name	Title	SUPE	RVISOR DIST	RICT #3			
July 5, 1990	1						

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.