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

State of New Mexico Energy, Minerals and Natural Resources Department

Furm C-104 Revised 1-1-89 See Instructions at Buttom of Page

OIL CONSERVATION DIVISION

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

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

OSTRICT III OW Rio Brazos Rd., Aziec, NM 87410	REQL	JEST FO	OR AL	LOW		LE AND A	AUTHO	RIZ/	TION				
TO TRANSPORT OIL AND NA													
AMOCO PRODUCTION COMPANY							3004510369						
Address P.O. BOX 800, DENVER, C	OLORAI	0 8020	1				<u> </u>						
Reason(s) for Filing (Check proper box)				eter of:		Oth	x (Please e	zplain)				
New Well Recompletion	Oil	Change in	Dry Gar		ַ נ								
Change in Operator	Casinghea	d Gas 🔲	Conden	sale [[<u>Y</u>								
change of operator give name ad address of previous operator													
I. DESCRIPTION OF WELL A	AND LEASE Well No. Pool Name, Includin					e Formation Kind of				Lease	Lease No.		
Lease Name HEATON LS		1				CT CLIFFS)				EDERAL SF078097			
Location Unit LetterB	:	990	Feet Fro	om The .		FNL Lin	e and	16	50 Fe	et From The _	FEL	Line	
Section 30 Township	3	I N	Range	1	1 W	,N	мрм,		SA	N JUAN		County	
III. DESIGNATION OF TRANS	SPORTE	ER OF O	IL AN	D NAT	<u>ruf</u>	RAL GAS						 _	
Name of Authorized Transporter of Oil or Condensate MERIDIAN OIL INC.						Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, NM 87401							
Name of Authorized Transporter of Casing	head Gas	and Gas or Dry Gas				Address (Giv	e address i	o whic	k approved	copy of this fo	orm is to be se	NI)	
EL PASO NATURAL GAS CO	MPANY	1	Twp	- I - B		P.O. I			EL_PAS When	O. TX	79978		
If well produces oil or liquids, give location of lanks.	Unst	Soc.	<u> </u>						_i			لــــــ	
If this production is commingled with that I	rom any ol	her lease or	pool, giv	ve comm	ingli	ng order num	ber:						
		Oil Well		Gas Well	_	New Well	Workove	er	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		npl. Ready to	o Prod.			Total Depth	L			P.B.T.D.		<u>. L</u>	
						Top Oil/Gas Pay Tubing Depth							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Old Car Tay				tuoing Deput			
l'erforations										Depth Cassi	ili Ziroe		
		TUBING	, CASI	NG AN	ND	CEMENT	NG REC	ORL)				
HOLE SIZE	UBING				DEPTH				SACKS CEM	ENI			
V. TEST DATA AND REQUES	T FOR	ALLOW	ABLE			1							
OIL WELL (Test must be after r	ecovery of	total volume	e of load	oil and i	mus!	be equal to a	r exceed to	p allo	vable for th	is depth or be etc.)	for full 24 hos	ws.)	
Date First New Oil Run To Tank	Date of Test									Fin			
Length of Test	Tubing P	Terance				Casing Proc	# ²³ '	9 0	. II U		!		
Actual Prod. During Test	Oil - Bbl	L.		-		Water - Bbi	FE	B 2	5 1991	Gas- MCF			
	<u> </u>						OIL	CO	N. D	IV./			
GAS WELL Actual Froit Test - MCF/D Length of Test						Bbls. Condensate/MMODIST. 3					Condensale		
Actual Prof. Text - Micryb				Carina Bratum (Shulain)				Chole Size					
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)								
VI. OPERATOR CERTIFIC	CATEC	F COM	PLIA	NCE			OIL C	ON	SERV	/ATION	DIVISI	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						FEB 2 5 1991							
is true and complete to the best of my	knowledge	e and belief.				Da	te Appr	ove	d		4		
D. H. Whly						Ву	By Bill Chang						
Signature Doug W. Whaley, Staff Admin. Supervisor							SUPERVISOR DISTRICT /3						
Printed Name February 8, 1991			Tide -830-		_	Titl	e						
Date			cicphone		_	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.