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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

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

CO KIO DINAM KO, MASS, TANGE	REQUE	STFC)H A NSF	ALLOW PORT (OIL ABI	LE AND A	URAL G	AS AS	אוכ					
TO TRANSPORT OIL AMOCO PRODUCTION COMPANY							\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
ddress P.O. BOX 800, DENVER,	COLORADO	8020	1											
eason(s) for Filing (Check proper box)	COLORIDO		<u>-</u>			Othe	E (Please exp	lain)						
ew Well	c	hange in	Trans	porter of:_										
ecompletion	Oil		Dry C]									
hange in Operator	Casinghead (-		X)									
change of operator give name d address of previous operator														
DESCRIPTION OF WELL	AND LEAS	SE.												
PATTE GAS COM BB Well No.			PBASTW. DAKU			PPAONPRORATED GAS)			Kind of Lease Lease No. State, Federal or Fee					
ocation M	¥1956		Feet From The		FSL	FSL 1190		FWL Line						
Unit Letter	_ :31N		. reet		2W	LAIX				JUAN				
Section Townsh	ip		Rang	ge		, NI	MPM,					County		
I. DESIGNATION OF TRAI turne of Authorized Transporter of Oil MERIDIAN OIL INC.	NSPORTER	OF O	IL A	ND NA	TUI	l Address (City	e address to x	which app	proved .	copy of this for	orm is to be so	ent)) 8740		
ame of Authorized Transporter of Casinghead Gas or Dry Gas				X	3535 EAST 30TH STREET, FARMINGTON, CO 8740 Address (Give address to which approved copy of this form is to be sent) P.O. BOX 1492, EL PASO, TX 79978									
EL PASO NATURAL GAS C well produces oil or liquids,		Soc. Twp. Rge.			Rge.									
ve location of tanks.	_ii_		i	i				1						
this production is commingled with tha	from any other	r lease or	pool,	give comm	ningl	ing order num	ber:							
/. COMPLETION DATA		Oil Well	<u> </u>	Gas We	11	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion ate Spudded		Date Compl. Ready to Prod.				Total Depth				P.B.T.D.				
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay				Tubing Depth				
						L				Depth Casii	ng Shoe			
erforations														
	TUBING, CASING AND					CEMENTING RECORD								
HOLE SIZE	CAS	CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
						<u> </u>				 				
						ļ								
TEST DATA AND REQUIDED WELL (Test must be after	EST FOR A	LLOW	ABL	Æ	, ,	the equal to a	r exceed ton a	allowahla	for thi	s depth or be	for full 24 ho	urs.)		
OLL WELL (Test must be after Date First New Oil Run To Tank	Date of Tes		of to	aa oii ana	mus	Producing M	lethod (Flow,	pump, g	as lift, a	atc)	<u> </u>			
						Casing		P # %		Die Size				
Length of Test	Tubing Pres	Tubing Pressure			Casing DIEGEIVE				- MCF					
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.				Water	JUL 5 1990				S mer			
GAS WELL				· · · ·						<u> </u>				
Actual Prod. Test - MCF/D	Length of	Length of Test					Bits. Con OIL CON. DIV				Gravity of Condensate			
esting Mediod (pitot, back pr.)	Tubing Pre	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size				
VI. OPERATOR CERTIF	CATE OF	СОМ	PLI	ANCE				JVISE	-RV	ATION	DIVISI	ON		
I hereby certify that the rules and re Division have been complied with a	gulations of the	Oil Conse	ervatio	D n), 1 0L				J		
is true and complete to the best of n	ıy knowledge aı	d belief.				Dat	e Approv	ved _		JUL	5 1990			
NU Illes	-							_	7.	15.6	1			
Signature Doug W. Whaley, St	aff Admi	n S	ner	visor		By.			<u>۔۔۔ م</u>	<u>~</u>	חופדפות	T #3		
Printed Name	all Manil		Tit	ile		Title	θ		UPE	HVISOR	DISTRIC			
June 25, 1990				0-4280 ine No.	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
- 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.