

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

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

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

I.

Operator AMOCO PRODUCTION COMPANY		Well API No. 30-045-28185
Address P.O. BOX 800, DENVER, CO 80201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	TRANS. Chge Only
If change of operator give name and address of previous operator		

Lease Name ISABEL "A"	Well No. 1	Pool Name, Including Formation BASIN FRUITLAND COAL GAS	Kind of Lease State, Federal or Other	Lease No. SF-078509
Location Unit Letter <u>G</u> : <u>2270'</u> Feet From The <u>N</u> Line and <u>1420'</u> Feet From The <u>E</u> Line Section <u>30</u> Township <u>32N</u> Range <u>9W</u> , NMPM, SAN JUAN County				

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)	
MERIDIAN OIL INC.					3535 30TH STREET, FARMINGTON, NM 87401	
If well produces oil or fluids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
			XX	XX					
Date Spudded 11/25/90		Date Compl. Ready to Prod. 6/5/91		Total Depth 3432'			P.B.T.D. 3432'		
Elevations (DF, RKB, RT, GR, etc.) 6612' GR		Name of Producing Formation FRUITLAND COAL		Top Oil/Gas Pay 3148'			Tubing Depth 3141'		
Perforations Open hole completion, no perfs or fracs. 3148-3432							Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12 1/4"		9 5/8"		283'			165 SX CL G W/2%		
8 1/2"		7"		3148'			CaCl ₂ 536 SX CL B		
		2 3/8"		3141'			WESTERN, TAIL W/100 SX		
							CL B WESTERN COLO. TAIL		

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2178	24	-0-	-0-
Testing Method (pilot, back pr.)	Tubing Pressure (Shot-in)	Casing Pressure (Shot-in)	Choke Size
FLOWING	840	860	21/64

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.

Conthia L. Burton

Signature
CYNTHIA L. BURTON, STAFF ADMIN. SUPVSR.
Printed Name
12-67-92
Date
303-830-5119
Telephone No.

DEC 08 1992

Date Approved _____

By Don L. Gray

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.