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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY		Well APT No. 30-045-28226
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"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name TANK MOUNTAIN "B"	Well No. 1	Pool Name, including Formation BASIN FRUITLAND COAL GAS	Kind of Lease State, Federal	Lease No. SF-078509A
Location				
Unit Letter H : 1680' Feet From The N Line and 1190' Feet From The E Line				
Section 29 Township 32N Range 9W , NMPM , SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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 liquids, 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:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
		XXX	XXX					
Date Spudded 11/13/90	Date Compl. Ready to Prod. 2/24/91		Total Depth 3558'		P.B.T.D. SURFACE			
Elevations (DF, RKB, RF, GR, etc.) 6752' GR	Name of Producing Formation FRUITLAND COAL		Top Oil/Gas Pay 3284'		Tubing Depth 3285'			
Perforations OPEN HOLE COMPLETION 3284' - 3558'					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"	9 5/8"		251'		185 SX CL B W/2% CaCl₂			
8 1/2"	7"		3284'		650 SX CL B HOWCO LITE,			
	2 3/8"		3285'		TAIL W/100 SX CL B			
					HOWCO.			

V. TEST DATA AND REQUEST FOR ALLOWABLE

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

OIL CON. DIV.

Actual Prod. Test - MCF/D 250	Length of Test 4	Bbls. Condensate/MMCF -0-	Gravity of Condensate -0-
Testing Method (pilot, back pr.) FLOWING	Tubing Pressure (Shut-in) 35	Casing Pressure (Shut-in) 450	Choke Size 3/4"

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

Cynthia L. Burton, sec
Signature
CYNTHIA L. BURTON, STAFF ADMIN. SUPVSR.
Printed Name
12-07-92
Date
303-830-5119
Telephone No.

OIL CONSERVATION DIVISION

Date Approved DEC 08 1992
By [Signature]
Title SUPERVISOR DISTRICT #2

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.