Appropriate District Of ice DISTRICT I 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 Tage

OIL CONSERVATION DIVISION FISTRICT II PO Drawer DD, Anesia, NM: 88210

P.O. Box 2088

DISTRICT II		S	anta F	e, Ne	w M	exico 875	04-2088					
1000 Rio Bratos Rd., Attec, NM 87410	REQU	JEST F	OR A	ALLO	WAE	BLE AND	AUTHORI	ZATION				
I. Operator		TO TR	ANSF	PORT	r Oil	AND NA	TURAL G	AS				
AMOCO PRODUCTION COMPANY									Well API No. 300450910700			
Address P.O. BOX 800, DENVER,	COLORA	DO 800	0.1					— -l—				
Reason s) for filing (Check proper box)	COLORA	00 802	01			□ ou	ner (Pleuse expl	ais)				
New Well		Change i			(and the same cape	<i></i> ,				
Recompletion	Oil		Dry ([]							
If change of operator give name and address of previous operator	Castignea	id Gas [_	Cond	lensate	[X]							
II. DESCRIPTION OF WELL												
Lease Name E. E. ELLIOTT B		Well No. Pool Name, Inclu 4 BLANCO PI			PI(ind of Lease Lease are, Federal or Fee		ease N.	
Lосаію 1 Р	(990				FSL	0.0					
Unit Letter	-		_ Feat l	From Ti	he		e and		et From The	FEL	Line	
Section 27 Townshi	P30N	١	Rang	e	9W	, N	мрм,	SAN	JUAN	- · 	County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND N	ATU	RAL GAS						
Maine of Authorized Transporter of Oil or Condensate X Address (Give address to which approved copy of the form is to be sent)												
MER.DIAN OIL INC. 35.35 EAST 30TH STREET, FARMINGTON, CO. Name of Authorized Transporter of Casinghead Gas or Dry Gas [X] Address (Give address to which approved copy of this form is to be sent)										1. <u>8 140 1.</u> mi)		
EL PASO NATHRAL GAS CO		Soc.	Twp.		Rge.	P.O. B	OX 1492, y connected?	EL PASC) <u>TX_7</u>			
give location of tanks.	ii		į i	_i	-							
If this production is commungled with that IV. COMPLETION DATA	Irom any oth	er lease or	pool, g	ive com	របាក្យពី	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well	1	Gas W	eli	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Resiv	
Date Spudded Date Compl. Ready to Prod.						Total Depth	·	·	P.B.T.D.	1	- L	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casing Since			
									Dep. 1 C23			
TUBING, CASING AND HOLE Size CASING & TUBING SIZE					ND	CEMENTI	NG RECORI	D	CACAC CEMENT			
		CHOING & TUBING SIZE					DEFIN SEI			SACKS CEMENT		
V. TEST DATA AND REQUES									1			
OIL WELL (Test must be after ra Date Fina New Oil Rue To Tank	Date of Tes	ial volume i	of load	oil and	musi	be equal to or Producing Me	exceed top allo	nable for this np, gas lýt, e	depth or be j	ic full 24 how	(2)	
Length of Test	Tubing Pressure					Casing Pressu	ıre		Choke Size	Choke Size		
					Carrie Italia							
Actual Prod. During Test	Oil - Bbis.	Oil - Bbis.				Water - Bbis.			EGEIAFU			
GAS WELL					l			N <i>N</i>	1111	9 10 00	<u> </u>	
Actual P.od. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			JUL Gravity of C	2 1990 vadeusite			
esting Nichood (pinot, back pr.) Tubing Pressure (Shut-in)						Casing Pressure (Shul-in)			// . ~ ~ ~	NO. DIV	1.	
, , , , , , , , , , , , , , , , , , , ,	. soring a resource (smut-fit)				Choke Dist. 3							
VI. OPERATOR CERTIFICA				NCE			NI CON	CEDV				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.						Date	Approved	, J	NF 5.	1550		
SH. Alex						Daile	, ipprovec		\ \			
Signature M. Miller Co. Et Al. 10						By Buy Chang						
Doug W. Whaley, Staff Admin. Supervisor Finant Name Tale						77:44		SUPERV	ISOR DIS	STRICT /	13	
June 25, 1990						Title.						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for a lowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in acco. Lance
- 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 For (C-104 must be filed for each pool in multiply completed wells,