Submit 5 Copies
Appropriate District Office
DISTRICT 1
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 Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.		_				AUTHOF ATURAL (					
Operator Operator						Well API No.					
Amoco Production Company						3003906879					
1670 Broadway, P. O. Reason(s) for Filing (Check proper box)	Box 800	, Denv	er,	Colora							
New Well		Change is	Transp	onter of:		her (l'lease ex	plain)				
Recompletion	Oil		Dry C								
Change in Operator  If change of operator give name and address of previous operator  Ten	Casinghea			nsate	*****					·+ · · · · · · · · · · · · · · · · · ·	
II. DESCRIPTION OF WELL			Ι, υ	102 5.	WILLOW,	Englewo	od, Colo	orado 8	0155		
Lease Name	Well No.   Pool Name, Includ				ding Formation	<del></del>			Lease No.		
SAN JUAN 28-7 UNIT	15 BLANCO SOUT			H (PICT CLIFFS) FEDE			ERAL	RAL DRU096117			
Unit Letter N : 990 Feet From The FSL Line and 1650 Feet From The FWL Line										Line	
Section Township 27N Range 7W					, NMPM, RIO ARRIBA County					County	
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	id nati	JRAL GAS						
Name of Authorized Transporter of Oil or Condensate						Address (Give askbess to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas X  EL PASO NATURAL GAS COMPANY					Address (Give address to which approved copy of this form P. O. BOX 1492, EL PASO, TX 7997					eni)	
f well produces oil or liquids, Unit Sec.			Twp. Rge. is gas actu				When		TX 79978		
If this production is commingled with that	frorn any oth	er lease or	pool, gi	ve comming	ling order nun	iber:			<del> </del>	لــــــا	
IV. COMPLETION DATA	·	Oil Well		Gas Well	New Well	1 3/2 4					
Designate Type of Completion		i	i_	ONE WEIL	i	Workover	Deepen	Mug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compl. Ready to Prod.					Total Depth			P.B.T.D.	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth				жh		
Perforations					Depth				th Casing Shoe		
TUBING, CASING AND						CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET			SACKS CEMENT		
									-		
					ļ						
V. TEST DATA AND REQUES					1	<del></del>		J			
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method 'Flow, pump, gas lift, etc.)					
Length of Test						· · · · · · · · · · · · · · · · · · ·		· ·			
	Tubing Pressure				Casing Press	ire		Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	Gas- MCF		
GAS WELL					<u> </u>			J	<del></del>		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	MILE NIMOF		Gravity of C	Gravity of Condensate		
esting Medicol (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Stut-in)			Choke Size	Choke Size		
VI. OPERATOR CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved MAY 0.8 1989						
J. L. Hampton					3 W d.						
J. L. Hampton Sr. Staff Admin. Suprv.					SUPERVISION DISTRICT #3						
Printed Name Janaury 16, 1989 303-830-5025					Title		····	<del></del>			
Date Telephone No.											

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 filled for each pool in multiply completed wells.