## Subnut 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

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DISTRICTU

## OIL CONSERVATION DIVISION

P.O. Box 2088

P.O. Drawer DD, Arlesia, NM 88210		Sa	inta Fe	, No	ew Me	exico 8750	4-2088			/			
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	REQ						AUTHORI	ZATION					
l.	,,,,,,						TURAL GA	AS					
Operator AMOCO PRODUCTION COMP	Weil Ai'l No. 30039068				<u> </u>								
Address P.O. BOX 800, DENVER,	COLORA	DO 8020	)1										
Reason(s) for filing (Check proper box)			/			Othe	et (l'lease explo	zin)					
New Well Recompletion	Oil	Change in	Dry G		a: 								
Change in Operator	Casingho	ad Gas 🗌	Conde	nsate									
If change of operator give name and address of previous operator													
II. DESCRIPTION OF WELL	AND LE	ASE											
Lease Name SAN JUAN 28 7 UNIT		Well No.				ng Formation SOUTH (G	•	State,	of Lease Federal or Fee	Le	ase No.		
Location K Unit Letter	:	1686	_ Feet F	rom T	The	FSL Line	16	82 (4 (c	() et From The _	FWL	Upe		
30 Section Towns	27	N	Range		7W	. Ni	мрм,	RIO	ARRIBA		County		
III. DESIGNATION OF TRA	NSPORT	or Conde		ID N	IATUI	RAL GAS Address (Gin	e address to wi	hich approved	copy of this fo	rm is to be se	nt)		
MERIDIAN OIL INC.						Address (Give address to which approved copy of this form is to be sent)  3535 EAST 30TH STREET, FARMINGTON, NM 87401							
Name of Authorized Transporter of Casi			or Dry	Gas		1	e address to wi				ns)		
EL PASO NATURAL GAS CO If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	-[-	Rge.	is gas actually	X_1492,_ y connected?	EL PASO When		978			
If this production is commingled with tha	t from any o	ther lease or	pool, gi	ve co	enmingl	ing order num	ber:						
IV. COMPLETION DATA		Oil Wel	<u> </u>	Gas \	Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		_i	i_			35	<u>.</u>	<u>i</u>	ii		<u>i</u>		
Date Spudded	ate Spudded Date Compl. Ready to Prod.					Total Depth P.B.T.D.							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Pay		Tubing Depth					
Perforations						L			Depth Casing Slice				
Marketine and the second secon		munud.				CEMENTE	NC DECOR		<u> </u>				
HOLE SIZE		ASING & T				CEMENTI	NG RECOR	<u> 1                                 </u>	A E IR	ACKS CEM	ENT		
TIOCE OILE						MEGET VE III							
							-IN-	0 10	200				
							A	<del>სცგ 3 1</del> 9					
V. TEST DATA AND REQUIOIL WELL (Test must be after	ST FOR	ALLOW	ABLE				JIO.	CON	DIV.	or full 24 kay	)		
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of T	iolai volume `est	of load	oil a	na musi	Producing M	ethod (Flow, p	ump DAS J.	ite.)	or just 24 non			
									Choke Size		<del></del>		
Length of Test	Tubing P	Tubing Pressure				Casing Pressure			CHORE SIZE				
Actual Prod. During Test	Oil - BH	Oil - Bbls.				Water - Bbis.			Gas- MCF				
GAS WELL						<del></del>							
Actual Prod. Test - MCF/D	Length o	Length of Test				Bbls. Conder	sale/MINCF		Gravity of Condensate				
	TOTAL ST	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
Testing Method (pitot, back pr.)	t doing t	icssuic fair	<b>ң-ш</b> )			Casing 1 icas	ore (Sana-ia)		Giore Bios				
VI. OPERATOR CERTIFIC	CATE O	F COM	PLIA	NCI	Ē			JOEDV	ATION	DIVISIO	<b>7KI</b>		
I hereby certify that the rules and reg						11 '		NOEHV	ATION	DIVIOR	JIN		
Division have been complied with an is true and complete to the best of m			ven abov	16		Date	Approve	ad I	AUG 23	1990			
NUIDA							, v.bhii o ve	~	\ \^/	مرا			
Signature Doug W. Whaley, Sta	ff Admir	, Supa	ruic	or		By_		ا <i>ليند</i> ف حصورة	.) 😅				
Printed Name	. <u> </u>	-	Title			Title	·	JUPER	VISOR DI	STRICT	<u> </u>		
July 5, 1990		303	830-	428	<b>0</b>	-							

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 filed for each pool in multiply completed wells.