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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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III		:	Santa F	e, Nev	v M	1exico 87	504-2088					
1000 Rio Brazos Rd., Aztec, NM 87410	REC	QUEST	FOR A	ALLOV	NΑ	BLE AND	OHTUA C	RIZATIO	N			
I. Operator		TO TE	RANSF	PORT	Oll	L AND N	ATURAL	GAS	••			
Amoco Production Company								l l	ell API No.		· · · · · · · · · · · · · · · · · · ·	
Address						3003906902						
1670 Broadway, P. O.	Box 80	O, Den	ver,	Colo	rad	lo 8020	1					
Reason(s) for Filing (Check proper box) New Well						o	ther (l'lease e	xplain)				
Recompletion	Oil		in Transp Dry G									
Change in Operator		ead Gas										
If change of operator give name and address of previous operator Ten						Willow.	Englewo	nod Co	lorado	80155		
II. DESCRIPTION OF WELL					_		- March	200, 00.	LOTAGO	00133		
Lease Name Well No. Pool Name, Including Formation											Lease No.	
SAN JUAN 28-7 UNIT	KO'	OTA) FEDI			DERAL		34695					
1800 FNI 1000												
27 Feet From The Line and Feet From The FEL											Line	
Section 039 Townsh		NMPM, RIO ARRIBA County					County					
III. DESIGNATION OF TRAN	SPORT	ER OF C	II. AN	D NA	Tiit	DAL CAS						
CONOCO CONOCO						Address (Give address to which approved copy of this form is to be sent)						
						P. O. BOX 1429, BLOOMFIELD, NM 87413						
Name of Authorized Transporter of Casinghead Gas						Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1492, EL PASO, TX 79978						
If well produces oil or liquids,	s oil or liquids, Unit Sec. Two P				ge.	ls gas actual	JA 1492, ly connected?	EL PAS				
give location of tanks.	.l	<u> </u>	L	1								
If this production is commingled with that IV. COMPLETION DATA	Irom any ot	her lease or	pool, giv	e comm	inglir	ng order num	ber:					
		Oil Well		Jas Well	_	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		1	l_			11 To 12 To	<u>i</u>	<u>i</u>			joni kesv	
	Date Compl. Ready to Prod.					Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay			Tubing De	Tubing Depth		
Perforations									Tuoning De	ruoning Depui		
									Depth Cas	ing Shoe		
	7	UBING.	CASIN	IG AN	D C	EMENTI	NG RECO	SD.				
HOLE SIZE	CASING & TUBING SIZE				_1	DEPTH SET			-T	SACKS CEMENT		
					- -				_			
					- -				-			
V. TEST DATA AND REQUES OIL WELL (Test must be after re									-J		J	
	us be	requal to or	exceed top all	cwable for th	is depth or be	for full 24 hour.	s.)					
	Date of Tes	~ 				roducing the	thad (Flow, p	amp, gas iyi,	eic.j		İ	
Length of Test	Tubing Pressure				č	asing Pressu	re	,	Choke Size	Choke Size		
Actual Prod. During Test	Oil - Bbls.				-	Water - Bbls			- 6	Con MOTE		
	Oil · Boils,				"	ANTEL - DOIR			Gas- MCF			
GAS WELL							· · · · · · · · · · · · · · · · · · ·		ــــــــــــــــــــــــــــــــــــــ		J	
Actual Prod. Test - MCI/D Length of Test						bls. Condens	ate/MMCF		Gravity of (Gravity of Condensate		
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)					1	Casing Pressure (Shut-in)			· · · · ·	-	;	
, , , , , , , , , , , , , , , , , , , ,									Choke Size			
I. OPERATOR CERTIFICA	TE OF	COMPI	JANC	Œ	-				<u> </u>			
I hereby certify that the rules and regulations of the Oil Conservation						0	IL CON	ISERV.	ATION	DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.								1	IAV no a	000		
111 +						Date Approved MAY 08 1989						
J. J. Stamplon						But Buch						
J. L. Hampton Sr. Staff Admin. Suprv.						SUPERVISION DISTRICT #3						
Printed Name Title						Title_			-40H D1	STUTOT 484	±i'	
Date 303-830-5025 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
- 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.