Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Ilox 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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

I.	REQ	UEST F	OR A	LLOW, ORT C	ABLE AND	AUTHO	RIZATION	1		
Operator Amoco Production Company					Well API No.					
Address					3003906999					
1670 Broadway, P. O.	Box 800	0. Denv	er. (Colora	do 8020	. 1				
Reason(s) for Filing (Check proper box)						ther (Please e	rolain)			
New Well		Change in	•							
Recompletion Change in Operator X	Oil Codon		Dry Ga							
If change of anomaly a single		ad Gas								
	meco Oi	I E & I	9, 61	62 S.	Willow,	Englewo	od, Cole	orado 801	55	
II. DESCRIPTION OF WELL	AND LE	ASE								
Lease Name SAN JUAN 28-7 JULY	Weil No. Pool Name, Inc							Lease No.		
Location Location 119 BLANCO SOIL					UTH (PICT CLIFFS) FEDI			ERAL SF078040		
Unit Letter C	. 11	50		m The FI	¥Τ.	1650	١	-		
	_ :		Feet Fro	m The 📜	Lir	ne and 1650	<u>′</u> г	eet From The	WL	Line
Section 22 Townsh	ip27N		Range 7	W	,N	МРМ,	RIO A	RRIBA		County
III. DESIGNATION OF TRAN	SPORTE	R OF OH	LAND) NATU	RAL GAS					
Name of Authorized Transporter of Oil		or Condens	ate.	Χ	Address (Gir	ve address to	which approve	l copy of this form	is to be sent)	
Name of Authorized Transporter of Casin	ghead Gas	<u></u>	or Dev G	As X						
EL PASO NATURAL GAS CO	. (V)	P O POV 1402 ET PAGO TOTAL SO DE SENI)								
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rg			Rge.	ge. Is gas actually connected? When					
	[].		l				i			
It this production is commingled with that IV. COMPLETION DATA	Irom any othe				ling order numb	ber:				
Designate Type of Completion	- (X)	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back San	ne Res'v Di	ff Res'v
Date Spudded	Date Compl. Ready to Prod.				Total Depth		<u> </u>	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)								r.b.1.D.		
and the second of the second o					Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe		
	TT	JBING. C	ASINC	AND	CEMENTIN	IC DECOR				
TUBING, CASING ANI HOLE SIZE CASING & TUBING SIZE						DEPTH SET		CAC	/O OFMENT	
								SACKS CEMENT		
V. TEST DATA AND REQUES	I FOR AL	LOWAB	LE					· -		
OIL WELL (Test must be after red Date First New Oil Run To Tank	and must b	st be equal to or exceed top allowable for this depth or be for full 24 hows.)								
Date First New Oil King to Jank				Producing Method (Flow, purp, gas lift, etc.)						
ength of Test	Tubing Press.	ure			Casing Pressure			~~~~~~		
_					Casing Pressure			Choke Size		
ctual Prod. During Test Oil - Bbls.					Water - Bbls.			Gas- MCF		
CARAURIA					· · · · · · · · · · · · · · · · · · ·					
GAS WELL, Actual Prod. Test - MCF/D	CIII ACII ANT									
A Prod. Test - MCI/D Length of Test					3bis. Condensa	te/MMCF		Gravity of Condensate		
Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)			Cloke Size		
				i	B • • • • • • • • • • • • • • • • • • •		}	CHOICE SIZE		
I. OPERATOR CERTIFICA	TE OF C	OMPLIA	ANCE	:			<u>-</u>			
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.					MAY 0.8 1999					
1 1 1 st					Date A	Approved	l	11 00 j.44.4		
J. J. Slamplon					Buil Chant					
J. L. Hampton Sr. Staff Admin Supry					SUPERVISION DISTRICT # 3					
Printed Name Title					11					
January 16, 1989 303-830-5025					Title					
		Telephone	: NO.	Jl						

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.