Submit 5 Copies
Appropriate District Office
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 Buttom of Page

DISTRICT II

P.O. Box 2088

OIL CONSERVATION DIVISION

O. Drawer DD, ARCHA, 19191 86210	Sa	inta Fe, New Mo	xico 87504-208	i8	1		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			BLE AND AUTH		, <b>'</b>		
I <b>.</b>			AND NATURA	AL GAS			
Operator AMOCO PRODUCTION COMP		Well	Weil API No. 300390702900				
Address P.O. BOX 800, DENVER,	COLORADO 8020	 )1					
Reason(s) for Filing (Check proper box)			Other (Plea	se explain)			
New Well Recompletion		Transporter of:					
Change in Operator	Casinghead Gas	Condensate					
If change of operator give name and address of previous operator							
II. DESCRIPTION OF WELI	L AND LEASE						
Lease Name SAN JUAN 28 7 UNIT	Well No. Pool Name, Includir 122 BLANCO PC		ng Formation SOUTH (GAS)		Kind of Lease Lease No. State, Federal or Fee		
Location N Unit Letter		_ Feet From The	FSL Line and _	1850 F	eet From The	FWL Line	
Section 18 Towns	hin 27N	Range 7W	, NMPM,	RIC	ARRIBA	County	
III. DESIGNATION OF TRA	NSPORTER OF C	IL AND NATU	RAL GAS Address (Give addre	ss to which approve	d copy of this form i	s to be sent)	
MERIDIAN OIL INC.			3535 EAST 3	OTH STREET	FARMINGTON	NM 87401	
Name of Authorized Transporter of Cas		or Dry Gas	Address (Give addre	ss to which approve	d copy of this form i	s to be sent)	
EL PASO NATURAL GAS C If well produces oil or liquids,	OMPANY Sec.	Twp. Rge.	P.O. BOX 14 is gas actually counc				
give location of tanks.	_ii	<u> </u>	<u> </u>	l			
If this production is commingled with the IV. COMPLETION DATA	at from any other lease of	pool, give comming	ing order number:				
	Oil We	I Gas Well	New Well   Work	over Deepen	Plug Back Sam	e Res'v Diff Res'v	
Designate Type of Completio		a Prod	Total Depth		P.B.T.D.	L	
Date Spudded Date Compl. Ready to Prod.							
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations			l		Depth Casing Sh	ue	
			CEMENTING R		SACI	KS CEMENT	
HOLE SIZE	CASING & TUBING SIZE		UEFI	IN E C		7	
				THE WILL		]]	
			ļ	MA Aliga	3 1990	<u> </u>	
V. TEST DATA AND REQU	FST FOR ALLOW	ABLE .	1				
OIL WELL (Test must be after	r recovery of total volum	e of load oil and mus	be equal to or exceed	top (II) Held (of	ble pih br be you fo	il 24 hours.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (i	-tow, brund, for All	代では		
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
	Oil - Bbls.		Water - Bbis.		Gas- MCF		
Actual Prod. During Test							
GAS WELL							
Actual Prod. Test · MCF/D	Length of Test		Bbls. Condensalc/MMCF		Gravity of Condensate		
l'esting Method (pitot, back pr.)	Tubing Pressure (Sh	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size	
VI. OPERATOR CERTIF	ICATE OF COM	PLIANCE	-\r				
VI. OPERATOR CERTIF.  Thereby certify that the rules and re			OIL	CONSERV	VATION DI	VISION	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					AUG 2 3 19	<del>39</del> 0	
is true and complete to the best of it	ny knowiedge and belief.		Date App	proved			
D. D. Uhly			Ву	3	1) dh		
Signature Doug W. Whaley, Sta	ff Admin. Sup	ervisor	J 29		ERVISOR DIS	TRICT 43	
Printed Name		Title	Title				

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

July 5,

- 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.

303-830-4280 Telephone No.

- 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.