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Appropriate District Office
DISTRICT J
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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICE II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Azicc, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	7	OTRA	NSPO	ORT OIL	AND NAT	URAL GA	S T	Vell API	No				
perator AMOCO PRODUCTION COMPANY						300390706900							
ddress P.O. BOX 800, DENVER,	COLORAD	0 8020	1										
eason(s) for Filing (Check proper box) lew Well lecompletion hange in Operator	Other	(Please expla	nin) 										
change of operator give name													
id address of previous operator I. DESCRIPTION OF WELL	ANDIE	SE											
SAN JUAN 28 7 UNIT		Well No. Pool Name, loc			ng Formation SOUTH (G		Kind of I State, Fe	ease deral or Fee		ase No.			
Location E Unit Letter	1	800	_ Feet Fi	rom The	FNL 890			Feet	From The	FWL	Line		
16 Section Townshi	27N ship		Range 7W		, NMPM,			RIO ARRIBA			County		
II. DESIGNATION OF TRAN	SPORTE	R OF O	IL AN	D NATU	RAL GAS	address to w	hich an	rowd co	poy of this f	orm is to be se	nt)		
Name of Authorized Transporter of Oil		or Conde	nsale		VOOLCET (O14					TON, NM			
MERIDIAN OIL INC. Name of Authorized Transporter of Casin	chead Gas	1-1	or Dry	Gas [Address (Give	addres: 10 w	hich opp	proved co	ppy of this f	orm is so be se	nt)		
EL PASO NATURAL GAS CO		\			P.O. BO	X 1492.	EL P	ASO,					
If well produces oil or liquids, jive location of tanks.	Unit .	Sec.	Twp.	_i	is gas actually			When ?					
f this production is commingled with that	from any of	ner lease of	r pool, gi	ve commingl	ing order numb	er:							
IV. COMPLETION DATA	(Y)	Oil We	ii	Gas Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion		pi. Ready t	to Prod.		Total Depth		_1		P.B.T.D.	<u> </u>	!		
e Spanio					Top Oil/Gas Pay				Tubing Depth				
					<u> </u>	l				Depth Casing Shoe			
Perforations													
					CEMENTI	NG RECO	RD_	- A	7	MARC FO	ENT		
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET DE LE VAGES DEVENT								
						UV ALL				G2 3 1990			
					 								
V. TEST DATA AND REQUI	ST FOR	ALLOV	VABLI	E .	s be equal to of	exceed top a	llowable	IL C	ON.	DIV.	ws.)		
OIL WELL (Test must be after Date First New Oil Run To Tank	after recovery of total volume of load oil and must Date of Test				Producing Method (Flow, pump, gas lift, Mc.)						•		
Length of Test	Tubing P	Tubing Pressure			Casing Press	ure		Choke Size					
Actual Prod. During Test	Oil - Bbis.				Water - Bble		Gas- MCF						
GAS WELL		<i></i>			Bhis Conde	nsale/MMCF			Gravity of	Condensate			
Actual Prod. Test - MCF/D	Length o	Length of Test			Bbls. Condensate/MMCF						<u> </u>		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Sh. st-in)				Choke Si	ic .			
VI. OPERATOR CERTIFI	CATE C	F COM	APLIA	NCE		OIL CC	NSE	ERV	ATION	I DIVISI	ON		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Dat	Date ApprovedAUG 2 3 1990							
NU Aller	-							ユ.	۱ (۸	chan!	/		
Signature Uoug W. Whaley, Staff Admin. Supervisor Printed Name Title						SUPERVISOR DISTRICT #3							
July 5, 1990			3-830 Telephon	-428() ie 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 filed for each pool in multiply completed wells.