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 Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

COO RIC DISEAS RAI, MESO TIME STORE				AND NATUR						
Courator	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Well API No.								
AMOCO PRODUCTION COMP			3003	9071230	0					
Address	COLORADO	90201								
P.O. BOX 800, DENVER, Reason(i) for Filing (Check proper box)		80201		Other (Ple	ase explain	•)				
New Well		ange in Tra	nsporter of:							
Recompletion []	Oil	🖸 Dr	,							
Change in Operator	Casinghead G	as Co	ndensate							
f change of operator give name and address of previous operator										
1. DESCRIPTION OF WELL	AND LEAS	E								
Lease Name SAN JUAN 28 7 UNIT	W-	eli No.   Po	ol Name, lociud LANCO MES	ing Formation AVERDE (PRO	RATED	GAS State, I	Lease ederal or Fee		ase No.	
Location K Unit Letter	: 184	5 Fe	et From The	FSL Line and	165	0 Fee	t From The	FWL	Line	
12 _	hin 27N	R	inge 7W	, NMPM,		RIO	ARRIBA		County	
III. DESIGNATION OF TRA	NSPORTER	OF OIL Condensate	AND NATU	RAL GAS Address (Give ackl	ess to whi	ch approved	copy of this f	orm is to be se	nı)	
Name of Authorized Transporter of Oil		- Constitution	_ [_]	3535 EAST						
MERIDIAN OIL INC. Name of Authorized Transporter of Cas	inghead Gas	or	Dry Gas [	Address (Give add	ress to whi	ch approved	copy of this fo	orm is to be se	M)	
EL PASO NATURAL GAS C				P.O. BOX 1		L PASO,		978		
If well produces oil or liquids, give location of tanks.	Unit   So	i_	wp.   Rge	<u> </u>	nected?	When	? 			
this production is commingled with th	at from any other	ease or poo	ol, give comming	ling order number:						
IV. COMPLETION DATA			1 0 11/-11	New Well   Wo	rkover	Deepen	Plug Rack	Same Res v	Diff Res'v	
Designate Type of Completic		Dil Well	Gas Well	<u>ii_</u>	120101		,	<u> </u>	_i	
Date Spudded		Date Compl. Ready to Prod.			Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Prod	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth		
.'erforations	1	<u> </u>			Depth Casing Shoe					
				GEL CELEBIA	0.25.0	RAT	N B	fin		
		TUBING, CASING AND CASING & TUBING SIZE			DEPT SET			SACKS CEMENT		
HOLE SIZE	CASI	IG & TOB	NG SIZE	- DET	111		1000	19		
						AUG2 3	1990			
								<b></b>		
					O	IL CO	N. DI			
V. TEST DATA AND REQU	EST FOR AL	LOWAL	BLE		"	/DIS	i. 3	for full 24 hou	ure l	
OIL WELL (Test must be after	er recovery of tota	volume of	load oil and mu	st be equal to or exce	(Flow. pu	mp, eas lift.	ic.)	jor juil 24 not		
Date First New Oil Run To Tank	Date of Test				, - , , .					
Length of Test	Tubing Press	urc		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Bbls.			Water - Bbls.			Gas- MCF		
_							J			
GAS WELL				Bbls. Condensate	MMCF		Gravity of	Condensate		
Actual Prod. Test - MCF/D	Length of Te	**		*						
Testing Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)			Shut-in)		Clicke Siz	c		
VI. OPERATOR CERTIF	ICATE OF	COMPI	LIANCE		CON	ICEDIA	ΔΤΙΩΝ	DIVISION	ON	
I hereby certify that the rules and r	egulations of the C	ii Conserva	tion		_ 001	40L11V	, , , , , , , ,	J. 7 101	~	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date Approved AUG 2 3 1990					
is true and complete to the best of	ny knowicuge and	ound.		Date A	pprove	od	HUU Z	<u>1177U</u>		
L.H. Whey				Ву		-7	<u> </u>	2	<u> </u>	
Signature Doug W. Whaley, St.	aff Admin.	Super					•	DISTRICT		
Printed Name Title				Title_		JUFE	HOGIN	OIS I HIC		
July 5, 1990		_303=8 Telep	30=4280 Hicine 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.