Submit 5 Copies
Appropriate District Office
DISTRICE 1
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

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	Т	OTRA	YSP	ORT OIL	AND NA	URAL G	AS T Well A				
Perator AMOCO PRODUCTION COMPANY							00				
Address P.O. BOX 800, DENVER,	COLORADO	8020	1								
Reason(s) for Filing (Check proper box)					Othe	s (Please expl	ain)				
New Well Recompletion	Oil C	hange in	Cramspo Dry Ga	[1							
Change in Operator	Casinghead		Conden								
change of operator give name and address of previous operator											
I. DESCRIPTION OF WELL	AND LEAS	SE									
SAN JUAN 28 7 UNIT			Pool Na BLAI	ame, Includi NCO MES	ng Formation AVERDE (PRORATEI	Kind of GASState, I	of Lease Federal or Fe		ease No.	
Location L Unit Letter	16	1650 Feet From The			FSL 990 Fe			et From TheLine			
1	1 27N		7W Range		, NMPM,		RIO	RIO ARRIBA		County	
II. DESIGNATION OF TRAN	SPODTER	ÒE OL	I. AN	D NATII	RAL GAS						
Name of Authorized Transporter of Oil		or Condens			Address (Giv	e address to w	hich approved	copy of this f	orm is to be se	ent)	
MERIDIAN OIL INC.				C (TON, NM		
inic of Authorized Transporter of Casinghead Gas or Di L. PASO NATURAL GAS COMPANY			or Dry	U# []	1			pproved copy of this form is to be sent) PASO TX 79978			
vell produces oil or liquids, Unit Sec.			Twp.	Rge.	P.O. BOX 1492, EL PASO Is gas actually connected? When						
ive location of tanks.	<u>i</u> _L	l			<u> </u>						
f this production is commingled with that: V. COMPLETION DATA	from any othe	r lease of p	ool, giv	re commingl	ing order num	er:					
	(V)	Oil Well	_[-	Gas Well	New Well	Workover	Doepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded Date Compiletion - (X) Date Spudded Date Compile Ready to P			Prod.		Total Depth	l	1	P.B.T.D.	l	_ .	
And Observed											
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					l	Depth Casing Shoe					
TUBING, CASING AND					CEMENTI	NG RECOF	D.	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CASING & TUBING SIZE				DEPTHSET OF THE PARKS CEMENT						
	ļ					<u> </u>		<u> </u>	IU)		
		.,,,				- 64	AUG23	1990			
V. TEST DATA AND REQUE	T EOD A	LLOWA	RIF		<u> </u>				1		
OIL, WELL (Test must be after t	ecovery of tol	al volume i	of load	oil and musi	be equal to or	exceed top a	io na bie for the		for full 24 hou	us.)	
Date First New Oil Run To Tank Date of Test					Producing Method (Flow, pum California)						
Length of Test	Tubing Pressure				Casing Pressure			Choke Size			
Actual Prod. During Test	Oit - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL	<u> </u>				1		<u></u>				
Actual Prod. Test - MCI/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIA	NCE	1	011 00	NOED!	ATION	D0.404		
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION						
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						
D. H. Shen						• •	7.		1	•	
Signature Doug W. Whaley, Staff Admin. Supervisor					By SUPERVISOR DISTRICT /3						
Printed Name			Title		Title)	ourt	HOGIVE	UIS I RICT	13	
July 5, 1990		303-8	: lynouc 	1,280 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.