Submit 5 Cupies 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

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	n.c.	TOTR	ANS	PORT OI	LAND					ON							
Operator								Weil API No. 300390720100									
AMOCO PRODUCTION COL	TPANY									300	340	/201	00		<u>-</u>		
P.O. BOX 800, DENVE		DO 802	01														
Reason(s) for Liting (Check proper be)X)					Othe	(Please	t expla	un)								
New Well L	O.I	Change ii	Dry	porter of:													
Recompletion [] Change in Operator []	Oil Casinuba	ead Gas	•	· –													
If change of operator give name	Casingne	20 025	ј Синс	ensate [_]													
and address of previous operator																	
II. DESCRIPTION OF WE	LL AND LE																
Lease Name SAN JUAN 28 7 UNIT		Well No. 82		ANCO PC			AS)				of Leas Federa	e I or Fe	c		ase No.		
Location A Unit Letter	:	1190	_ Fed	From The	FNL	. Line	and	11	90	Fe	et Froi	n The	F	EL	Line		
4 Section Tow	nship 27	N	Rang	ze 7W		, NN	IPM,			RIO	ARE	IBA			County		
HE TYPERMATION OF TD	ANCRODE	ED AE A		BIES BEATTE	DAT C	A C											
III. DESIGNATION OF TR Name of Authorized Transporter of O		or Conde		MD NATU			address	lo wh	ich ac	proved	сору с	f this I	orm is t	o be se	nı)		
MERIDIAN OIL INC.	لبيا				1				-	-					-, -, 87401		
Name of Authorized Transporter of C	asinghead Gas		or D	ry Gas 🔃	Address	(Give	oddress	to wh	ich ap	proved	copy i	f this f	orm is i	be se	n)		
EL PASO NATURAL GAS				,			X_149		EL.)	ASO		79	978				
If well produces oil or liquids, give location of tanks.	Մոսե	Soc.	Twp.	. Rge. 	is gas ac	tually	connect	cd?	 	When	ን						
If this production is commingled with	that from any o	ther lease or	pool,	give comming	ing order	numb	er:										
IV. COMPLETION DATA		,			,	,			·—		·				_,		
Designate Type of Complete	ion - (X)	Oil Wel	u 1	Gas Well	New V	ا Vall 	Worko	ver	De 	epen	i Mug	Back	Same	Res'v	Diff Res'v		
Date Spadded	Date Con	Date Compl. Ready to Prod.					Total Depth					r.D.					
Elevations (DF, R&B, RT, GR, etc.) Name of Producing Formation						Top Oil/Gas Pay					Tubing Depth						
Performions					L						Dept	Casii	g Shoe				
		TUBING.	, CAS	ING AND	CEMEN	1.11	G REC	COR	D		!						
HOLE SIZE	ASING & T				•	PT	5	E	i W	K	M	SACKS	CEME	ENT			
							ם עם	ម	E	U							
						_	W			1000		ש					
					ļ		A	LUG	23	1990							
V. TEST DATA AND REQU	JEST FOR	ALLOW	ABLI	E	L		OII		OK.	r	ίV	3					
OIL WELL (Test must be af					be equal .	lo or	ucced to	p allo) 1944	for this	depth	or be	for full 2	24 how	·s)		
Date First New Oil Run To Tank	Date of T	est			Producin	g Me	hod (Fla	700, 198	10 10	s lyt, e	tc.)						
Length of Test	Tubing Pr	Tubing Pressure					Casing Pressure						Choke Size				
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.					Water - Bbls.					Gas- MCF					
GAS WELL					L						J						
Actual Prod. Test - MCI/D	Length of	lest			Bbls. Co	ndens	alc/MM(CF -			Giav	ly of C	ondens	ale			
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)					Choke Size					
III open amon decem	70455		7.7.7.	NGE	\r						<u> </u>						
VI. OPERATOR CERTIF						\mathcal{C}	IL C	ON	SF	RV	4 T10	NC	ועום	SIC	N		
I hereby certify that the rules and n Division have been complied with	_					_		J14		• /		J. 1	T I	J.U	., •		
is true and complete to the best of	"	212	1000	000	-l		AU	G 2 :	3 199	0							
Ne all	, 				"	alt	Appr	UVE(ــ اد	•			Λ	ــــــــــــــــــــــــــــــــــــــ			
Signature Uoug W. Whaley, St.		<u> </u>			∥В	У				ننده	<u>د ک</u>		Year.	{			
Printed Name	aff Admin		Title		Т	itle.			S	UPE	RVIS	OR	DIST	RICT	13		
July 5, 1990			830=	4280 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.