Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Mirerals 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	١.

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PRIC BEATANN Rd., Artec, NM 87410
REQUEST FOR ALLOWABLE AND AUTHORIZATION

Amoco Production Company Well API No.
Moderes 1670 Broadway, P. O. Box 800, Deriver, Colorado 80201
Change in Trinsporter of County Cou
Change in Trussporter of Execupticism
Casinghed Gas Condensate Change in Operator No. Casinghead Gas Condensate Con
Change in Operator [X] Casinghead Gas Condensate Change of operator give name di address of operator give name di address of previous operator de name di address of or implication in communicipied with that from any other lease or powl, give commingling order number: Verforations Castingia Give Address (Give address to which approved copy of this form is to be sent) Castingia Cast
Lease Name Sociation Unit Letter C 825 Free From The Section 6 Township 27N Runge 7W NMPM, RIO ARRIBA County Address (Give address to which approved copy of this form is to be sent) LEASE (Give address to which approved copy of this form is to be sent) LEASE (ST PASO NATURAL GAS COMPANY For White Individes the continuids, but with this productes oil or liquids, but but kekation of tanks. The Right Individual County of the Spudded Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Designate Type of Completion - (X) Designate Type of Completion - (X) Date Spudded Depth Casing Shoe Depth Casing Shoe Depth Casing Shoe
DESCRIPTION OF WELL AND LEASE Lease Name SAN JUAN 28-7 UNIT 150 BLANCO SOUTH (PICT CLIFFS) FEDERAL SF077123 COCADION Unit Letter C 825 Free From The Unit Letter C 825 Free From The FNL Line and 1800 Feet From The FWL Section 6 Township 27N Ringe 7W NMPM, RIO ARRIBA County II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Jame of Authorized Transporter of Oil Or Condensate Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) O BOX 1492, EL PASO, TX 79978 Twell produces oil or liquids, Unit Sec. Twp. Rge. Is gas actually connected? When 7 very location of tanks. This preduction is committingled with that from any other lease or post, give commingling order number: V. COMPLETION DATA Designate Type of Completion - (X) Date Compl. Ready to Prod. Top Oil/Oss Pay Tubing Depth Depth Casing Shoe
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Section 6 Township 27N Ringe 7W , NMPM, RIO ARRIBA County H. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS. Name of Authorized Transporter of Oil
H. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil
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TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT
. TEST DATA AND REQUEST FOR ALLOWABLE
IL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hows.)
Date of Test Producing Method (Flow, pump, gas lift, etc.)
ength of Test Tubing Pressure Casing Pressure Choke Size
Length of Test Tubing Pressure Casing Pressure
Actual Prod. During Test Oil - Bbls. Water - Bbls. Gas- MCF
GAS WELL
Actual Frod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate
esting Method (pitot, back pr.) Tubing Pressure (Shut-ir.) Casing Pressure (Shut-in) Choke Size
VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION
Thereby centry that the rules and regulations of the On Conservation
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Data Approved MAY 0.8 1989
Date Approved
G. J. Hampton By Bu.
J. L. Hampton Sr. Staff Admin. Supry. SUPERVISION DISTRICT # 3
Printed Name Title Title
Janaury 16, 1989 303-830-5025 Date Teleptone No.

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

- 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.