

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-101  
Revised 1-1-89  
See Instructions  
at Bottom of Page

**L**

|  |   |                                     |
|--|---|-------------------------------------|
| Operator<br>AMOCO PRODUCTION COMPANY                             |   | Well APT No.<br>300392086100        |
| Address<br>P.O. BOX 800, DENVER, COLORADO 80201                  |   |                                     |
| Reason(s) for Filing (Check proper box)                          |   |                                     |
| New Well <input type="checkbox"/>                                | Change in Transporter of: <input type="checkbox"/> Other (Please explain) |                                     |
| Recompletion <input type="checkbox"/>                            | Oil <input type="checkbox"/>  | Dry Gas <input type="checkbox"/>    |
| Change in Operator <input type="checkbox"/>                      | Casinghead Gas <input type="checkbox"/>                                   | Condensate <input type="checkbox"/> |
| If change of operator give name and address of previous operator |   |                                     |

|                                  |                 |   |  |           |
|----------------------------------|-----------------|---|--|-----------|
| Lease Name<br>SAN JUAN 28 7 UNIT | Well No.<br>214 | Pool Name, Including Formation<br>BASIN DAKOTA (PRORATED GAS) | Kind of Lease<br>State, Federal or Fee | Lease No. |
| Location                         |                 |   |  |           |
| Unit Letter                      | H               | 1510  | FNL                                    | 1040      |
| Section                          | 4               | Township  | 27N                                    | Range     |
|                                  |                 |   | 7W                                     | NMPM,     |
|                                  |                 |   | RIO ARRIBA                             | County    |

|   |      |      |      |      |   |       |
|---|------|------|------|------|---|-------|
| III. DESIGNATION OF TRANSPORTER OF GAS AND LIQUIDS<br>Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/><br><b>MERIDIAN OIL, INC.</b><br>Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/><br><b>EL PASO NATURAL GAS COMPANY</b> |      |      |      |      | Address (Give address to which approved copy of this form is to be sent)<br><b>3535 EAST 30TH STREET, FARMINGTON, NM 87401</b><br>Address (Give address to which approved copy of this form is to be sent)<br><b>P.O. BOX 1492, EL PASO, TX 79978</b> |       |
| If well produces oil or liquids,<br>give location of tanks.   | Unit | Sec. | Twp. | Rge. | Is gas actually connected?  | When? |

[illegible]

|                                |  |                 |  |                 |   |            |
|--------------------------------|--|-----------------|--|-----------------|---|------------|
| Date First New Oil Run To Tank |  |                 |  | Date of Test    | Producing Method (Flow, pump, gas lift, etc.) |            |
| Length of Test                 |  | Tubing Pressure |  | Casing Pressure |   | Choke Size |
| Actual Prod. During Test       |  | Oil - Bbls.     |  | Water - Bbls.   |   | Gas - MCF  |

|                                  |                           |                           |                       |
|----------------------------------|---------------------------|---------------------------|-----------------------|
| Actual Prod. Test - MCF/D        | Length of Test            | Bbls. Condensate/MMCF     | Gravity of Condensate |
| Testing Method (pilot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size            |

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.

*D. H. Shiley*

Signature Doug W. Whaley, Staff Admin. Supervisor  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_  
Date July 5, 1990 Telephone No. 303-830-4280

Date Approved AUG 23 1990

By Timothy J. Chang

**SUPERVISOR DISTRICT #3**

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.