- | - | Submit 5 Copies Appropriate District Office DISTRICT | PO 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

P.O. BOX 1980, 11000s, 14M 88240	(OIL CO	NS	ERVA	TION I	DIV I SIO	N				
DISTRICT II P.O. Drawer DD, Artesia, NM 88210				P.O. Be	ox 2088 exico 8750						
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410						/ AUTHORIZ					
l	T	OTRAN	ISPC	ORT OIL	AND NA	TURAL GA		Di No			
Operator AMOCO PRODUCTION COMPANY						Well API No. 300392206300					
Address D. O. DOV. GOO. DENIVED	COLODAD	00001									
P.O. BOX 800, DENVER, Reason(s) for Liling (Check proper box)	COLORADO	3 80201			Othe	t (Please expla	ia)				
New Well		Change in T	ranspor	ter of:			•				
Recompletion	Oil	_	ry Gas								
Change in Operator	Casinghead	Gas U C	onden	tale 📗							
If change of operator give name and address of previous operator											
II. DESCRIPTION OF WELL						·					
Lease Name SAN JUAN 28 7 UNIT		Well No. P	BLAN	me, Includi	ing Formation SAVERDE (PRORATED		of Lease Federal or Fe		ease No.	
Location P Unit Letter	. 95	50	en Fro	om The	FSL Line	and11	70 Fe	et From The	FEL	Line	
Section 2 Townsh	27N		lange	7W		ирм,		ARRIBA		County	
Section Towns	ν		.unge								
III. DESIGNATION OF TRAI				UTAN C	RAL GAS			7.1			
Name of Authorized Transporter of Oil		or Condensa	le (,	e address to wh					
MERIDIAN OIL INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas					3535 EAST 30TH STREET, FARMINGTON, NM 87401 Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casin	-	•	, .	···	1		• •			,	
EL PASO NATURAL GAS COMPANY If well produces oil or liquids, Unst Soc. Twp. Rg					P.O. BOX 1492, EL PASO, TX 79978 ls gas actually connected? When ?						
give location of tanks.	<u>il</u>	1_		1	<u> </u>		L				
If this production is commingled with that	from any other	r lease or po	ol, giv	e comming	ling order numl	жег:		 			
IV. COMPLETION DATA		Oil Well		as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	l Men	i	ME WELL	I INCW INCAL	1	Dupa 	l log bave	1	1	
Date Spudded	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations	<u> </u>				1			Depth Casi	ng Shoe		
		UDING C	A CIN	IC AND	CEMENTH	NC PECOR	D	l			
TUBING, CASING HOLE SIZE CASING & TUBING SIZ					CEMENTI	DEPTH SET		SACKS CEMENT			
HOLE SIZE	-	110 tr 100			(C)						
						EUE	IV	<u>. IU</u>	<u> </u>		
								 			
T THE OF STATE AND INCOME.	CE EOD A	I I AWA	ni E			AUG2	3 1990 -				
V. TEST DATA AND REQUE OIL WELL (Test must be after	SI FUR A	al volume of	load e	il and musi	i be equal to 🖝	we at marke	amable for this	sadepth or be	for full 24 hou	us)	
Date First New Oil Run To Tank	Date of Tes				Producing M	easte (Paris, pi	hripp gabelyt, l	no.)			
	_				<u> </u>	\ DIS	T. 3	775000 800			
Length of Test	Tubing Pres	Tubing Pressure			Casing Pressure			Choke Size	Circuit State		
Actual Prod. During Test	Oil - Bbls.	Oil - Ubls.				Water - Bbis.			Gas- MCF		
OAC WELL	<u></u>				1			1			
GAS WELL Actual Frod. Test - MCF/D	Length of T	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
Actual Front Four Welve	200								,		
lesting Method (paot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	TATE OF	COMPI	JAN	ICE	1						
				ICE.	(OIL CON	NSERV	ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					8110						
is true and complete to the best of my	knowledge an	d belief.			Date	Approve	ed	AUG ?	3 1990		
N1/1/1/					1	• •			Λ	_	
Simpline		- ,			By_		3	والمر	H.	<u></u>	
Signature Doug W. Whaley, Staff Admin. Supervisor Finited Name Title						Title SUPERVISOR DISTRICT #3					
July 5, 1990.		303-8	30-4	280	Inte						
Date		Telep	hone N	4 0.	11						

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.