Submit 5 Copies
Appropriate District Office
DISTRICT 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

DISTRICE II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	DECLEAT	500 ALLO			TATION				
Ĭ.		FOR ALLOV			AS				
Operator		Well API No.							
Amoco Production Com		3003923357							
Address 1670 Broadway, P. O.	Box 800, De	nver, Colo	rado 802	01					
Reason(s) for Filing (Check proper box)				Other (Please expl	lain)				
New Well	Chang	e in Transporter of	<u>:</u> _						
Recompletion	Oil	Dry Gas	L_J						
Change in Operator	Casinghead Gas	Condensate							
If change of operator give name and address of previous operator Ter	nneco Oil E	& P, 6162	S. Willow	, Englewoo	od, Color	ado 801	55		
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name	Well No. Pool Name, Includin						Lease No.		
SAN JUAN 28-7 UNIT	269	HACRA)	RA) FEI		ERAL SFO		194		
Unit Letter F	: 1850	Feet From Th	e FNL	Line and 1463	Fe	et From The . F	WL	Line	
Section 30 Towns	hip27N	Range7W		NMPM,	RIO AI	RRIBA		County	
III. DESIGNATION OF TRA	NSPORTER OF	OIL AND NA	ATURAL GA	S					
Name of Authorized Transporter of Oil		Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casinghead Gas or Dry Gas X				Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS COMPANY						SO, TX 79978			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge. Is gas act	ually connected?	When	7			
If this production is commingled with that	it from any other lease	or pool, give com	mingling order n	umber:	1				
IV. COMPLETION DATA									
Davianuta Tuna of Com. Intion	loit v	Vell Gas We	eli New W	eli Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion		!		<u>l</u> .	JI			<u> </u>	
Date Spidded	Date Compl. Read	y to Prod.	Total Dep	un.		P.B.T.D.			
Elevations (DF, RKB, RF, GR, etc.) Name of Producing Formation Perforations			Top Oil/G	Top Oil/Gas Pay			Tubing Depth Depth Casing Shoe		
			J						
	TILDIN	C CASING A	ND CEMEN	TING DECOU					
HOLE SIZE		G, CASING A TUBING SIZE	IND CEMEN	DEPTH SET		SA	CKS CEME	NT	
THE COLD IN THE CO		TODINGOILL		DEI III DEI			ONO OLIVE		
V. TEST DATA AND REQUE	 SET EOD ALLO	WADIE				l			
	recovery of total volu		must be equal to	or exceed ton all	awable for this	denth or be for	full 24 how.	s.)	
Date First New Oil Run To Tank	Date of Test		~~~~	Method (Flow, pu			<u>/</u>	···	
Length of Test	Tubing Pressure		Casing Pro	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - B	Water - Bbls.			Gas- MCF		
GAS WELL	_l	······································				I			
Actual Prod. Test - MCI/D	Length of Test		Bbls. Con	densate/MIMCF		Gravity of Con	densate		
Testing Method (pitot, back pr.)	Tubing Pressure (S	hut-in)	Casing Pro	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFIC	CATE OF CON	APLIANCE	\[OIL CO.	ICEDV4		NICIO		
I hereby certify that the rules and regu			H	OIL CON	NOEHVA	A HON D	141210	1.4	
Division have been complied with and is true and complete to the best of my						10 V 0 Q 10	200		
is true and complete to the best of my	enowicose and pelici	•	Da	te Approve	d	MAY 08 19	164		
(L. L Ham stan)				Bin Chan					
Signature J. O. 10mp Con				By SUPERVISION DISTRICT # 3					
J. L. Hampton S	r. Staff Adm	Title	- _{Tit}	le	SUPERVI	SION DIS	TRICT #	F 3	
Janaury 16, 1989	PERSONAL PROPERTY AND ADDRESS.	-830-5025 clephone 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
- 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.