Submit 5 Copies
Appropriate District Office
DISTRICT J
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 III 1000 Rio Brazos Rd., Aziec, NM 87410

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

l.		10 In	VIAOL C	JIII OIL	VII CINY	TOTIAL	<u> </u>					
Operator AMOCO PRODUCTION COMPA	NV			-,				Well A	54 No. 39823750(0		
Address Address	11 1						1		77023730			
P.O. BOX 800, DENVER,	COLORAL	0 8020	01									
Reason(s) for Filing (Check proper box)	Other (Please explain)											
New Well L	Oil	Change in	Dry Ga	()								
Recompletion	Casinghea	F-7	Conden									
If change of operator give name												
and address of previous operator	4 N I P 7 P 1											
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including								Kind of Lease Lease No.				
SAN JUAN 28 7 UNIT 128 BASIN DAI						RATED GA	S)	State, Federal or Fee				
Location A	g	90			FNL	8	90			FEL		
Unit Letter	_ :		Feet Fr	om The	Lin	e and		Fc	t From The		Line	
Section 12 Townshi	27N		Range	7W	, N	мрм,		RIO	ARRIBA		County	
THE INTERCEPTANTAL OF THAN	срарте	D OF O	TT AND	D MATEL	DAT CAS						•	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	STURTE	or Conder			Address (Gi	ve address to v	vhich af	proved	copy of this for	m is to be se	nt)	
MERIDIAN OIL INC.						3535 EAST 30TH STREET, FARMINGTON, NM 87401						
Name of Authorized Transporter of Casing	ghead Gas		or Dry	Gas [Address (Gi	ve address to v	vhich aş	provéd	copy of this for	m is to be se		
EL PASO NATURAL GAS CO	1			l Das		DX 1492 . By connected?	EL.	PASO TX 79978				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgc.	a Res access	., wanted			·			
If this production is commingled with that	from any oth	er lease or	pool, giv	e comming	ling order num	ber:						
IV. COMPLETION DATA								,			1	
Designate Type of Completion	- (X)	Oil Well	1 1 0	Gas Well	New Welt	Workover) De	epen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	p Prod.		Total Depth	J			P.B.T.D.		_ _	
,												
Elevations (DF, R&R, RT, GR, etc.)	varions (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations	<u></u>				1				Depth Casing	Shoe		
							A	:11	EM			
					CEMEN'II	NOBEGE	R	51				
HOLE SIZE	CA	SING & T	UBING S	SIZE	ļ- -	DINHSE	T	9 10	90	ACKS CEM	ENI	
					AUG2							
							ON' DIA.					
					OIL CON. DIV.							
V. TEST DATA AND REQUES	ST FOR A	LLOW	ABLE	, , , , , , , , , , , , , , , , , , , ,	the second to a		llauahl.	Cor this	denth or he fo	e full 24 hou	re.)	
OIL WELL (Test must be after r Date First New Oil Run To Tank	Date of Te		oj toaa i	ou ana mus		lethod (Flow,				# Jan 14 Hoa		
Date This New Oil Roll To Talk	Date of Yest											
ength of Test Tubing Pressure					Casing Pressure			Choke Size				
					Division Divis				Gas- MCF			
Actual Prod. During Test	ng Test Oil - Bbls.					Water - Bbls.						
CACWELL	.J				<u></u>				J			
GAS WELL Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate				
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Choke Size			
LIL OPER LEGS CONTINUES	J	7.0014	DI IAR	JCE					J			
VI. OPERATOR CERTIFIC				NCE		OIL CO	NSE	RV	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												
is true and complete to the best of my knowledge and belief.					Date Approved AUG 2 3 1990							
N1/10.						FP			A			
N. P. Whiley						By 3.12 Cl.						
Signature Loug W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT #3						
Printed Name			Title		Title	.	31) EN	*13UN DI			
July 5, 1990		303+	830=4 1 lephone	280								
**			-		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.