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DISTRICT II P.O. Drawer DD, Artesia, NM 88210 State of New Mexico
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

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

| Form C-104       |
|------------------|
| Revised 1-1-89   |
| See Instructions |
| at Bottom of Pag |

| DISTRICT III<br>1000 Rio Brazos Rd., Aziec, NM 87410   | REO                                       | LIEST F      |                 | u i c       | NA/A                         | BLE AND AUTHOR  | 217ATION           |                  |               |            |  |
|--|---|--------------|-----------------|-------------|------------------------------|---|--------------------|------------------|---------------|------------|--|
| I.   | 111.0                                     |              |                 |             |                              | L AND NATURAL (   |                    | /                | /             |            |  |
| erator   |   |              |                 |             |                              |   | Well               | Well API No.     |               |            |  |
| AMOCO PRODUCTION COMPANY Address   |   |              |                 |             |                              |   |                    | 300390712400     |               |            |  |
| P.O. BOX 800, DENVER,  | COLORA                                    | DO 802       | 01              |             |                              |   |                    |                  |               |            |  |
| Reason(s) for filing (Check proper box)  |   |              | /               |             |                              | Other (Please ex  | plain)             |                  |               |            |  |
| New Well Recompletion  | Oil                                       | Change in    | Transp<br>Dry G |             | at:                          |   |                    |                  |               |            |  |
| Change in Operator   |   | ad Gas       |                 |             | Ħ                            |   |                    |                  |               |            |  |
| f change of operator give name   |   |              | ·               |             |                              |   |                    | <del></del>      |               |            |  |
| and address of previous operator   | ANDIE                                     |              |                 |             |                              |   |                    | ····             |               |            |  |
| II. DESCRIPTION OF WELL Lease Name   | Well No. Pool Name, Include               |              |                 |             | Includ                       | ing Formation   | of Lease Lease No. |                  |               |            |  |
| SAN JUAN 28 7 UNIT   |   | 86           | BLA             | NCO         | PC                           | SOUTH (GAS)   |                    | Federal or Fee   |               |            |  |
| Location K Unit Letter   |   | 1800         | Feet F          | rom T       | he                           | FSL 1   | .550               | eet From The     | FWL           | 1:         |  |
| 7  | 27N                                       |              |                 |             | <br>7W                       | MIR -100  | eet From TheLine   |                  |               |            |  |
| Section Townshi  | Р   |              | Range           |             |                              | NMPM,   | - KIO              | MINIDA           |               | County     |  |
| II. DESIGNATION OF TRAN  | SPORTI                                    | ER OF O      | IL AN           | ND N        | ΛTU                          | RAL GAS   |                    |                  |               | •          |  |
| Name of Authorized Transporter of Oil  |   | or Conder    | sale            |             |                              | Address (Give address to  | which approved     | copy of this for | m is to be se | int)       |  |
| MERIDIAN OIL INC.  |   |              |                 |             |                              | 3535 EAST 30TH STREET, FARMINGTON, NM 87401   |                    |                  |               |            |  |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas EL PASO NATURAL GAS COMPANY  |   |              |                 |             | لــا                         | Address (Give address to which approved copy of this form is so be sent) P.O. BOX 1492, EL PASO, TX 79978 |                    |                  |               |            |  |
| If well produces oil or liquids,<br>ive location of tanks.   | Unit                                      | Soc.         | Twp.            | _i_         | Rge.                         | is gas actually connected?  | When               |                  | 10            |            |  |
| · · · · · · · · · · · · · · · · · ·  | <u></u>                                   | l            | l               |             |                              |   |                    |                  |               |            |  |
| this production is commingled with that the V. COMPLETION DATA   | rom any ou                                | ner lease or | pooi, gi        | ve con      | ınınığı                      | ing order number:   |                    |                  | ····          |            |  |
| Designate Type of Completion   | - (X)                                     | Oil Well     | i_              | Gas W       | /ell                         | New Well Workover   | Deepen             | Plug Back S      | ame Res'v     | Diff Res'v |  |
| Date Spudded   |   | pl. Ready to | Prod.           |             |                              | Total Depth   |                    | P.B.T.D.         |               |            |  |
| ······································   |   | ,            |                 |             |                              |   |                    | 7.5.1.5.         |               |            |  |
| Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation   |   |              |                 |             | Top Oil/Gas Pay Tubing Depth |   |                    |                  |               |            |  |
| 'erforations   | L   |              |                 |             |                              |   |                    | Depth Casing :   | Shoe          |            |  |
|  |   |              |                 |             |                              |   |                    |                  |               |            |  |
| TUBING, CASING AND   |   |              |                 |             | AND                          |   | RD                 |                  |               |            |  |
| HOLE SIZE  | HOLE SIZE CASING & TUBING SIZE            |              |                 |             |                              | DEPTH SETTE OF WITH SYNCKS CEMENT   |                    |                  |               | ENI        |  |
|  |   |              |                 |             | IK                           | ש   |                    |                  |               |            |  |
|  |   |              |                 |             |                              | 8.6   | AUG2 3             | 1990             |               |            |  |
| . TEST DATA AND REQUES   | TFOR                                      | ALLOW        | RLE             | <del></del> |                              |   |                    | V. DIV.          | <del>_</del>  | J          |  |
| ·  |   |              |                 |             | i<br>musi                    | be equal to or exceed top a   | lowa pieżeg wy     | death or be for  | Juli 24 how   | rs.)       |  |
| Date First New Oil Run To Tank   | Date of Te                                | :st          |                 |             |                              | be equal to or exceed top a<br>Producing Method (Flow, )  | ownp. Dis.         | At.)             |               |            |  |
| ength of Test  | Tubing Pro                                | essure       |                 | -           |                              | Casing Pressure   | <del></del>        | Choke Size       | ·             |            |  |
|  |   |              |                 | :           |                              |   |                    |                  |               |            |  |
| Actual Prod. During Test   | Oil - Bbls.                               |              |                 |             |                              | Water - Bbls.   |                    | Gas- MCF         |               |            |  |
| GAS WELL   | L   |              |                 |             |                              |   |                    | J                | <del></del>   |            |  |
| Actual Prod. Test - MCI/D  | Length of                                 | Test         |                 |             |                              | Bbis. Condensate/MMCF   |                    | Gravity of Con   | densate       |            |  |
|  | 5-11-11-10-10-10-10-10-10-10-10-10-10-10- |              |                 |             | A-1                          | 0 - 0   |                    |                  |               |            |  |
| esting Method (pitot, back pr.)  | Tubing Pressure (Shut-in)                 |              |                 |             |                              | Casing Pressure (Shut-in)   | Choke Size         |                  |               |            |  |
| /L OPERATOR CERTIFIC   | ATE OF                                    | COMP         | IJAN            | NCE         |                              |   |                    | <u> </u>         | •             |            |  |
| /I. OPERATOR CERTIFICATE OF COMPLIANCE  1 hereby certify that the rules and regulations of the Oil Conservation                    |   |              |                 |             | OIL CONSERVATION DIVISION    |   |                    |                  |               |            |  |
| Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. |   |              |                 |             | AUD                          |   |                    |                  |               |            |  |
| is the and complete to the own or my anowicage and belief.   |   |              |                 |             | Date ApprovedAUG 2 3 1990    |   |                    |                  |               |            |  |
| L.H. Whley   |   |              |                 |             | D                            |   |                    |                  |               |            |  |
| Signature<br>Doug W. Whaley, Staff Admin. Supervisor   |   |              |                 |             | By Sand                      |   |                    |                  |               |            |  |
| Printed Name Title   |   |              |                 |             | Title                        | SUPE  | RVISOR DI          | STRICT           | 13            |            |  |
| July 5, 1990<br>Date   |   | 303-8        | 30-4<br>phone 1 | 280<br>10.  | _                            |   |                    |                  |               |            |  |
|  |   |              |                 |             |                              | <del></del>   |                    |                  |               |            |  |

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.