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Appropriate District Office
DISTRICT 1

DO Ros 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, 11000K, NM 88240	OIL	CONSE	RV/	TION I	DIVISIO	N	/	at pour	on or rage	
DISTRICT II P.O. Drawer DD, Artesia, NM 88210	O.E.	ox 2088		• •						
DISTRICT III		anta Fe, N	ew M	exico 8750	14-2088					
1000 Rio Brazos Rd., Aztec, NM 87410 L.	REQUEST			BLE AND A						
Operator		,,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		-71110 1171	101111111111111111111111111111111111111		API No.			
Amoco Production Com	3003907132									
1670 Broadway, P. O.		ver, Col	orad							
Reason(6) for lating (Check proper box) New Well		in Transporter	of:	∐ Othe	r (Please expl	ain)				
Recompletion []		Dry Gas	" []							
Change in Operator	Casinghead Gas	Condensate								
If change of operator give name and address of previous operator Tell	nneco Oil E &	P, 6162	s.	Willow,	Englewoo	d, Colo	cado 80)155		
II. DESCRIPTION OF WELL										
SAN JUAN 28-7 UNIT	Well No B1	Well No. Pool Name, Includi 81 BLANCO (MES.			· .			RAL NM003549		
Location	1675		PM	τ	1750					
Unit LetterG	1675	Feet From The		Line and 1750		Feet From The		FEL	Line	
Section 9 Towns	hip ^{27N}	Range ⁷ W		, NMPM,		RIO ARRIBA			County	
III. DESIGNATION OF TRA										
Name of Authorized Transporter of Oil CONOCO	or Condensate			, .			copy of this form is to be sent) ELD, NM 87413			
Name of Authorized Transporter of Casi EL PASO NATURAL GAS CO				Address (Give address to which approved P. O. BOX 1492, EL PASO.						
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	Is gas actually connected? When			?			
If this production is commingled with the	t from any other lease o	r pool, give co	mming	ing order numb	ег:					
IV. COMPLETION DATA	Oil We	Il Gas	Wall	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		. 0			WORDVEL	i beepen	1 lug Dack		I KC.	
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
erforations				l			Depth Casing Shoe			
	TURING	CASING	AND	CEMENTIN	IC RECOR	<u> </u>	l			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	_									
V. TĒST DATĀ AND REQUI				J			l			
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	of load oil a	nd must	Producing Me				for full 24 hou	rs.)	
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
							l			
GAS WELL										
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			
VI. OPERATOR CERTIFIC I hereby certify that the rules and regulation have been complied with an	ulations of the Oil Conse	rvation	3	C	OIL CON	ISERVA	ATION	DIVISIO	Ν	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Data Approved						
and all at				Date ApprovedMAY 0.8 1989						
Signature Stampton				By						
_ / .	r. Staff Admi	n. Supra	V			ک۔۔	ル ハ 、 (Them		
T		100	_	ll Title		SHOPE	RVISION	DISTRIC	T # 73	

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Janaury 16, 1989

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title.

SUPERVISION DISTRICT # 3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Sr. Staff Admin. Suprv. Tide 303-830-5025

Telephone No.

- 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.