Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico Energy, Minefals 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		Sant	a re	, new M	exico 6/3	04-2000					
1000 Rio Brazas Rd., Aztec, NM 874	HEQUE					AUTHORI					
Operator				<u> </u>				API No.			
Amoco Production Con		3003920875									
Address 1670 Broadway, P. 0		Denver	c, (Colorad			·.				
Reason(6) for Filing (Check proper bo New Well	•	hange in Tr	ansıv	orter of:	U Ou	iet (Please expl	ain)				
Recompletion	Oil		•	1-7							
Change in Operator	Casinghead (
change of operator give name nd address of previous operator	enneco Oil	E & P,	61	162 S.	Willow,	Englewoo	d, Colo	rado 801	155		
I. DESCRIPTION OF WELL Lease Name			aal N	lame locked	ing Formation				-	ase No.	
SAN JUAN 28-7 UNIT 216 BASIN (DAKO							FEDE	FEDERAL		2202	
Location Unit Letter H	. 2290	0 _F	eet Fi	rom The FN	IL Lin	ne and 980	Fe	et From The	FEL	Line	
	nship 27N		ange			мрм,	RIO A			County	
11. DESIGNATION OF TR. Name of Authorized Transporter of Or		OF OIL r Condensat				ve address to wi	hich approved	copy of this for	m is to be se	nu)	
CONOCO					P. O. BOX 1429, BLOOMFIELD, NM 87413						
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				-,		OX 1492,			978		
If well produces oil or liquids, ive location of tanks.	Unit S	lec. T	wp.	j Rge.	Is gas actual	ly connected?	When	7			
this production is commingled with tV. COMPLETION DATA	hat from any other	lease or poo	ol, gi	ve comming	ling order num	iber:					
Designate Type of Completi		Oil Well	1	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spankled	Date Compl.	Ready to Pr	_l_ rod.		Total Depth	<u> </u>	I	P.B.Τ.D.		_	
Devations (DF, RKR, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations					ł			Depth Casing	Shoe		
	TU	BING, C	ASI	NG AND	CEMENTI	NG RECOR	D.	<u> </u>			
HOLE SIZE						DEPTH SET			SACKS CEMENT		
								ļ			
<u>.</u>											
Treet birt in bed	EET FOR AL	LOWAR) i E					1			
V. TEST DATA AND REQU IL WELL (Test must be aft	JEST FOR AL				be equal to or	r exceed top allo	owable for thi	s depth or be fo	er full 24 how	·s.)	
Date First New Oil Run To Tank	Date of Test					lethod (Flow, pr					
ength of Test	Tubing Press	Tubing Pressure				Casing Pressure			Choke Size		
Actual Prod During Test	Oil - Bbls.	Oil - Bbls.				Water - Bbls.			Gas- MCF		
GAS WELL					I			J			
Actual Prod. Test - MCI/D	Length of Te	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
esting Method (pitot, back pr.)	Tubing Press	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
ut open trop oregin		201451	1 4 2	ICE.	\			1			
VI. OPERATOR CERTIF Thereby certify that the rules and ru	gulations of the O	il Conscrvat	lion	-		OIL CON	NSERV.	ATION [DIVISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Date ApprovedMAY_0.8_198				9	
a. L. Hunston						2000					
Simulature J. L. Hampton	Sr. Staff	Admin	.Su	prv	By_		Su	PERVISION	ON DISTI	CICT#3	
Printed Name Tate Janaury 16, 1989 303-830-5025					Title	·					
					1.1						

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.

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.