Submit 5 Copies
Appropriate District Office
DISTRICT I
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 Buttom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III	S	anta Fe	e, New Me	xico 8750	04-2088	/				
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST				_					
l.	TOTA	ANSP	ORT OIL	AND NA	TURAL G	AS Well A	Pl No.			
Operator AMOCO PRODUCTION COMPANY						300392168000				
P.O. BOX 800, DENVER,	COLORADO 802	01								
Reason(s) for Filing (Check proper box) New Well Recompletion	Oil	in/Transp	as 🔲	∐ Ods	et (Please exp	lain)				
Change in Operator   If change of operator give name	Casinghead Gas	Conde	nsale [_]						<u> </u>	
and address of previous operator									<del></del>	
II. DESCRIPTION OF WELL Lease Name	Well No. Pool Name, Includi						Kind of Lease State, Federal or Fee		Lease No.	
SAN JUAN 28 7 UNIT	254	BAS	IN DAKO	TA (PRO	RATED GA	S) State, I	eacial or rec			
Location M Unit Letter	:	Feet F	rom The	FSL Lin	e and8	00 Fee	4 From The _	FWL	Line	
Section 6 Townsh	27N	Range	. 7W	, N	мрм,	RIO	ARRIBA		County	
III. DESIGNATION OF TRAN	SPORTER OF	OIL AN	ND NATU	RAL GAS				- <del></del>		
Name of Authorized Transporter of Oil or Condensate				Addiess (Give address to which approved copy of this form is to be sent)						
MERIDIAN OIL INC.  Name of Authorized Transporter of Casinghead Gas or Dry Gas				3535 EAST 30TH STREET, FARMINGTON NM 87401 Address (Give address to which approved copy of this form is to be sent)						
FL PASO NATURAL GAS CO If well produces oil or liquids, give location of tanks.	MPANY Unit Sec.	Twp.	Rge.		X 1492 y connected?	EL PASO   When		978		
If this production is commingled with that  IV. COMPLETION DATA	from any other lease of	or pool, g	ive commingl	ing order num	ber:					
	Oil W	ell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded	Date Compi. Ready	to Prod.		Total Depth	<u> </u>	<u>.l</u>	P.B.T.D.	l	1	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas	Pay		Tubing Depth			
Perforations	l			Depth Casing Shoe						
	TUBING	G. CAS	ING AND	CEMEN'TI	NG RECO	RD	 	7		
HOLE SIZE					DE		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACKS CEME	NT	
					TÚL .	***********	990			
			WOON D''							
V. TEST DATA AND REQUEST FOR ALLOWABLE					OIL CON. IT					
OIL WELL (Test must be after recovery of total volume of load oil and must  Date First New Oil Run To Tank Date of Test				be equal to or exceed top allowa (2) has depth or be for full 24 hows.) Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure			Casing Press	Rure		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbli	<b>.</b>		Gas- MCF			
GAS WELL				1			J			
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conde	nsate/MMCF		Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (S		Casing Pres	sure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFIC	ulations of the Oil Con	scrvation			OIL CO	NSERV	ATION	DIVISIO	N .	
Division have been complied with an is true and complete to the best of my	d that the information	given abo	ove	Dat	e Approv	ed	AUG 2, 3	1990		
D. L. Shly			<del></del> -	By	• •	7.	O 0	2		
Signature Doug W. Whaley, Staff Admin. Supervisor Printed Name Title				Title SUPERVISOR DISTRICT /3						
July 5, 1990	303	830-								

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.