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

OIL CONSERVATION DIVISION

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

DISTRICT II F.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Ī.	TC	TRAN	SPORT OIL	AND NA	TURAL GA					
Operator						Well API No.				
Amoco Production Company Address					3003907265					
1670 Broadway, P. O.	Box 800,	Denver	, Colorad	o 80201						
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name Too	Oil Casinghead G	D D	ondensate [er (Please expla		1 00			
and address of previous operator Let	neco Oil	<u>к а Р,</u>	6162 S.	Willow,	Englewoo	d, Color	ado 80)155		
II. DESCRIPTION OF WELL AND LEASE Lease Name SAN JUAN 28-7 UNIT Location II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Include BLANCO (MES				AVERDE)			FEDERAL		Lease No. SF078566	
Unit LetterA	_ : 990	Fe	ect From The FN	L Line	and 990	Fo	et From The	FEL	Line	
Section 35 Township 28N Range 7V			ange 7 W	, NMPM, RIO			RRIBA County			
III. DESIGNATION OF TRA	NSPORTER	OF OIL	AND NATU	RAL GAS						
					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1429, BLOOMFIELD, NM 87413 Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casi EL PASO NATURAL GAS CO				1		ich approved copy of this form EL PASO, TX 7991			าป)	
If well produces oil or liquids, give location of tanks.	Unit Se	c. T	wp. Rge.	is gas actuali		When				
If this production is commingled with tha	from any other l	ease or poo	d, give commingl	ing order num	жг.					
IV. COMPLETION DATA	17	33 M/AII	Gas Well	l Nam Wall	Workover	l Dansen	Phus Dack	Same Res'v	Dilf Res'v	
Designate Type of Completion		Dil Well	Gas well	New Mell	WORKOVER	Deepen 	riug nack	J.Same Res v	1	
Date Compl. Re			vd.	Total Depth	4.	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casing Shoe			
	TUI	BING. C	ASING AND	CEMENTI	NG RECOR	D	<u> </u>			
HOLE SIZE				DEPTH SET			SACKS CEMENT			
	-									
T TOPOST NICKITATUS NEVILLE	er cob it	OWAB	u c	l						
V. TEST DATA AND REQUE OIL WELL (Test must be after Date First New Oil Run To Tank					exceed top allo			for full 24 how	s.)	
	Date of Year						Choke Size			
Length of Test	Tubing Pressure			Casing Pressure			Choice and			
Actual Prod. During Test	Oil · Ibbls.			Water - Bbls.			Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Conden	sate/MMCF	,	Gravity of (Condensate		
lesting Method (pitot, back pr.)	Tubing Pressu	re (Shut in		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	LATE OF C	OMPL.	IANCE	1			 			
I hereby certify that the rules and regularision have been complied with an	ilations of the Oil	Conscryat	ion		OIL CON			DIVISIC	N	
is true and complete to the best of my		-		Date	Approve	dN	89 YA	1000		
J. L. Han	ston				• •	مندة) d	-/		
Signature J. L. Hampton S	r. Staff			By_		SUPERVI	SION DI	STRICT #	8	
Printed Name Janaury 16, 1989 Date		1 303-83	ille 0-5025 one No.	Title						

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,