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Appropriate District Office
DISTRICT 1
F.O. Box 1980, Hobbs, NM 88240

State of New Mickico Energy, Minerals 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 II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

		HANG	OITI OIL	AND NATURAL (Well Al	l No.			
perator AMOCO PRODUCTION COMPA		300390727400							
Address P.O. BOX 800, DENVER,	COLORADO 8	0201							
Reason(6) for Filing (Check proper box)	соцонаве с	/		Other (Please ex	plain)				
New Well	Chan	ge in Transp	orter of:						
Recompletion	Oil	💆 Dry G	as 📙					1	
Change in Operator	Casinghead Gas	Conde	nsate 📗						
change of operator give name									
nd address of previous operator									
I. DESCRIPTION OF WELL		No. Book h	lame, Includir	na Formation	Kind of	Lease	Lea	se No.	
SAN JUAN 28-7 (PC)	1	No. Pool N BLA	NCO PIC	TURED CLIFFS,					
Location A	. 660	660 Feet From The		FNL 660 For		t From TheLine			
Unit Letter	201		7W		RIO	ARRIBA			
Section 33 Townshi	28N	Range	, / \	, NMPM,		THICK I DA		County	
		n ou	un biantii	DAL CAC					
II. DESIGNATION OF TRAN	SPORTER O	ondensale	NO NA IU	Address (Give address to	which approved	copy of this form	is to be sen	u)	
Name of Authorized Transporter of Oil		Olicensate		3535 EAST 30T				- 1	
MERIDIAN OIL INC.	onhead Gas	or Dr	y Gas [Address (Give address to	which approved	copy of this form	is to be ser	u)	
Name of Authorized Transporter of Casin			,	P.O. BOX 1492					
L PASO NATURAL GAS COMPANY well produces oil or liquids, Unit Sec. Twp. Rge.				Is gas actually connected? When?					
give location of tanks.	i	Ì	_i						
f this production is commingled with that	from any other lea	se or pool, g	ive comming	ing order number:					
IV. COMPLETION DATA	•							· · · · · · · · · · · · · · · · · · ·	
		Well	Gas Well	New Well Workove	r Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Designate Type of Completion	1 - (X)			<u> l</u>	L			1	
Date Spudded	Date Compl. Re	ady to Prod.		Total Depth		P.B.T.D.			
				Top Oil/Gas Pay		Tubing Denth			
Elevations (DF, RKB, RT, GR, etc.)	Name of Produc	ing Formatio	X 0	Top Olivoration		Tubing Depth			
				1		Depth Casing S	lioe		
Perforations						1 E 100			
	TUR	ING CAS	ING AND	CEMENTIN TO EC	BAREI				
CACING A TUDING SIZE				DE AH	SET	LU.	CKS CEM	ENT	
HOLE SIZE	UASII V	, a 100,110		1/1	AUG2 3 19	90			
					AUGZO				
					IL CON.	DIA			
				Q	IL COLV	4			
V. TEST DATA AND REQUI	ST FOR ALL	OWABL	E .		DIST.			1	
OIL WELL (Test must be after	recovery of total v	olume of loa	d oil and mus	t be equal to or exceed to	allowable for the	s depth or be for	juli 24 hou	75.)	
Date First New Oil Run To Tank	Producing Method (Flo	w, pump, gas tyt, c	eic.j						
				G : B		Choke Size			
Length of Test	Tubing Pressure	C		Casing Pressure		0			
						Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.		ļ			
GAS WELL				Bbls, Condensate/MMC	`c	Gravity of Cor	densate		
Actual Frod. Test - MCF/D	Length of Test			DOIS, CONGESSIO/MIMIC	-•	-			
Tubing Pressure (Shut-in)				Casing Pressure (Shut-	in)	Choke Size			
Testing Method (pitot, back pr) Tubing Pressure (Shut-in)				Carlog		į			
						_1,			
VI. OPERATOR CERTIFI	CATE OF C	OMILIA	ANCE		ONSERV	ATION D	IVISI	NC	
I hereby certify that the rules and regulations of the Oil Conservation				- !!					
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date ApprovedAUG 2 3 1990					
is true and confined to the deat of it	.,			Date Appr	O460				
NU When				3 N d/					
L.F. way				By	By During				
Signature Doug W. Whaley, Staff Admin. Supervisor				SUPERVISOR DISTRICT /3					
		Tit	le	II Title					
Printed Name		303-830		Title					

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.