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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89

## OIL CONSERVATION DIVISION

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

See Instructions at Bottom of Page

l.	!	O THAI	ทรห	ORT OIL	ANU NA	TUHAL G		ADI No				
Operator Amoco Production Company						Well API No. 3003907367						
Address 1670 Broadway, P. O. I		Denve		Colorada	o 80201		13003	907301				
Reason(s) for Filing (Check proper box)	, occ.	Denve	,	COTOTAG		er (Please expl	ain)					
New Well	(	Change in 1	Transpe	orter of:			•					
Recompletion										ŀ		
Change in Operator X	Casinghead	Gas 🔲	Conde	nsate []								
If change of operator give name and address of previous operator	neco Oil	E & P	, 6	162 S.	Willow,	Englewoo	d, Colo	rado 80	155	<del> </del>		
IL DESCRIPTION OF WELL									····· <sub>T</sub> ·······;			
Lease Name SAN JUAN 28-7 UNIT							FEDE	FEDERAL		SF078096		
Lication						(VERDE) FE			INAL   BIO70030			
Unit LetterL	: 168	0	Feet F	rom The FS	L Line	and 850	Fe	et From The	FWL	Line		
Section 19 Townshi	28N Range7W				, NMPM, RIO AF			RRIBA County				
III - DECICNATION OF TRAN	CPADTED	OF OF	LAN	ID NATH	DAL CAS							
Name of Authorized Transporter of Oil	III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR						Address (Give address to which approved copy of this form is to be sent)					
CONOCO						P. O. BOX 1429, BLOOMFIELD, NM 87413						
						Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS COL	P. O. BOX 1492, EL PASO, TX 79978											
If well produces oil or liquids, give location of tanks.	Unit   3	Unit Sec. Twp. Rge.			is gas actuali	y connected?	When	1				
If this production is commingled with that	from any othe	r Icase or p	oool, gi	ve commingi	ing order num	рег:						
IV. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)		i			1			i			
Date Spudded	Date Compl	. Ready to	Prod.		Total Depth	· · · · · · · · · · · · · · · · · · ·	<u> </u>	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas	Pay		Tubing Dep	Tubing Depth			
Perforations						Depth Casing Shoe						
,												
	TT	JBING,	CASI	NG AND	CEMENTI	NG RECOF	RD	,				
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
					· · · · · · · · · · · · · · · · · · ·							
V. TEST DATA AND REQUE	ST FÖR A	LLOWA	BLE		1			1				
OIL WELL (Test must be after r					he equal to or	exceed top all	lowable for thi	s depth or be	for full 24 hou	σs.)		
Date First New Oil Run To Tank	Date of Test					ethod (Flow, p						
					Casing Press			tes allest	Choke Size			
Length of Test	Tubing Pres	Tubing Pressure				) le		Choke Size	Choke Size			
Actual Prod. During Test	Od - Bhis,				Water - Bbls.	<del></del>		Gas- MCF				
Actual Fixe Fairing Tea	CAL - DINS.											
ZAR 39121 I	1				J			-4				
GAS WELL Actual Prod. Test - MCF/D	Length of T	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut in)				Casing Pressure (Shut-in)			Chuke Size				
VI OPERATOR CERTIFIC	ATE OF	СОМР	 []A]	NCE	1							
VI. OPERATOR CERTIFICATE OF COMPLIANCE  Thereby certify that the rules and regulations of the Oil Conservation						OIL CONSERVATION DIVISION						
Division have been complied with and that the information given above						MAY 0.0 1000						
is true and complete to the best of my knowledge and belief.					Date Approved MAY (18 1000							
1 1 st.						()						
J. J. Hampton					By_	By But) Chang						
Signature J. L. Hampton Sr. Staff Admin. Suprv.					-, -		SUPERVI	SION DI	STRICT #	3		
Printed Name Title					Title							
Janaury 16, 1989 303-830-5025  Date Telephone No.												
LANC		reiej	,,,,,,,,		11							

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.