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 Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

			,						
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410	RECUES	T FOR A	U OWAR	F AND A	UTHORIZ	ATION			
•	TO	TRANSE	ORT OIL	AND NAT	URAL GA	S			
I. Operator		111/11/01	OITI OIL	7.0.13.10.11	0,0,0	Well A	Pl No.		
AMOCO PRODUCTION COMPAN	v					3003	19074490	0	
									
P.O. BOX 800, DENVER, C	OLORADO :	80201							
Reason(s) for Filing (Check proper box)				Other	(Please explain	1)			
New Well	Cha	inge in Transp							İ
Recompletion	Oil	Dry C							
Change in Operator	Casinghead Ga	s Cond	ensale 📙						
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL A				-		Kind o	Flance	les	se No.
SAN JUAN 28 7 UNIT			Name, Includin ANCO MESA		PRORATED				
Location N	108	0		FSL	165	50		FWL	
Unit Letter	:		From The	Line			t From The _		Line
						DIA			
9 Township	28N	Rang	, 7W	, NM	IPM,	KIU	ARRIBA		County
Section 9 Township	28N	Rang	e 7W	, NM	IPM,	K10	ARRIBA		County
Section Township			e .	RAL GAS					
	PORTER (e .	RAL GAS	IPM,			vm is to be sen	
Section Township III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	PORTER (OF OIL A	e .	RAL GAS Address (Give	aldress to whi	ch approved	copy of this fo	TON, NM	87401 —
Section Township III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil MERIDIAN OIL INC.	PORTER (OF OIL A	e .	RAL GAS Address (Give		ch approved	copy of this fo	TON, NM	87401 —
Section Township III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil MERIDIAN OIL INC. Name of Authorized Transporter of Casingly	PORTER (OF OIL A	ND NATUI	RAL GAS Address (Give 3535 EA Address (Give	aldress to whi	ch approved STREET, ch approved	copy of this fo FARMING copy of this fo	TON, NM	87401 —
Section Township III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil MERIDIAN OIL INC. Name of Authorized Transporter of Casingle EL PASO NATURAL GAS COM	PORTER (OF OIL A	ND NATUI	RAL GAS Address (Give 3535 EA Address (Give	address to whi ST 30TH S address to whi X 1492, I	ch approved STREET, ch approved	copy of this for FARMING copy of this for TX 79	TON, NM	87401 —
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Designate Type of Completio		_	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	TUBING, CASING AN	D CEMENTING REPORT	
HOLE SIZE	CASING & TUBING SIZE	I DEPTH HSE T	SELEKS CEMENT
11000 0.00		uu AU	623 1990
		AU	
			CON. DIV
		OIL.	DIET 3
V TEST DATA AND REOU	EST FOR ALLOWABLE		יפוע

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Rhis Oil - Bbis. Actual Prod. During Test

GAS WELL			Gravity of Condensate
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Conocusate
lesting Method (pitot, back pr.)	Tubing Pressure (Sinut-in)	Casing Pressure (Shul-in)	Choke Size
			<u> </u>

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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	i belief.
Signature Doug W. Whaley, Staff Admin.	Supervisor
Printed Name	Title
July 5, 1990	303=830=4280 Telephone No.

OIL CONSERVATION DIVISION

AUG 23 1990 Date Approved

るシ By __ SUPERVISOR DISTRICT #\$

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.

Title

- 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.