Submit 5 Copies
Appropriate District Office
DISTRICT 1
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, Artesia, NM 88210

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator	·	O ITIM					Well /	Pl No.			
Amoco Production Company						3003921650					
Address 1670 Broadway, P. O. E	lox 800,	Denve	r, C	olorad							
Reason(s) for filing (Check proper box)					Othe	t (Please expla	zin)				
New Well Recompletion		hange in T	•	177							
(19	Oil Casinghead		Ory Gas								
If above of manufacture mine annua							1 (.)		155		
and address of previous operator 12nn II. DESCRIPTION OF WELL			, 01	02 5.	Willow, I	Englewoo	a, coro	rado 80	155		
Lease Name Well No. Pool Name, Including						ng Formation			L	ease No.	
SAN JUAN 28-7 UNIT 247 BASIN (DAKO)					TA)		FEDE	FEDERAL		2335	
Location					_						
Unit Letter N	825	F	eet Fro	om The FS	LLine	and 1970		et From The	FWL	Line	
Section 1.1 Township 2.8N Range 7W						, NMPM, RIO ARRIBA County					
III. DESIGNATION OF TRAN) NATU			hich anne wed	some of this (orm ir to he sa		
Name of Authorized Transporter of Oil or Condensate						Address (Give achiess to which approved copy of this form is to be sent) P. O. BOX 1429, BLOOMFIELD, NM 87413					
CONOCO Name of Authorized Transporter of Casing	Address (Give address to which approved copy of this form is to be sent)										
EL PASO NATURAL GAS COM			• •	TX 79978							
If well produces oil or liquids, give location of tanks.				Is gas actually connected? When							
If this production is commingled with that I	rom any other	lease or po	ool, giv	e commingl	ing order numb	жег:					
Designate Type of Completion		Oil Well	0	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl.	Ready to F	rod.		l'otal Depth			P.B.T.D.		_ •	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perfusations					l	Depth Casing Shoe					
١											
	TUBING, CASING AND				CEMENTIN	NG RECOR	D	,			
HOLE SIZE	CASING & TUBING SIZE					DEPTH SET		SACKS CEMENT			
					-						
V. TEST DATA AND REQUES	T FOR AL	LLOWA	BLE	·	J			d			
OIL WELL (Test must be after re	ecovery of tota	il volume oj	load o	il and must					for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pi	ump, gas lýt, e	uc.)			
				Casing Pressu			Clioke Size				
Length of Test	Tubing Press	ane			Casting Flesso	10		Choice once			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
					_]			
GAS WELL											
Actual Prod. Test - MCI/D	Length of Te	si			Bbls. Conden	sate/MMCF		Gravity of	Condensate		
l'esting Method (pitot, buck pr.)	Tubing Pressure (Shut-in)				Casing Pressu	ire (Shut-in)		Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					Date	Approve	dM	AY 08	qoa		
J. L. Hampton							1	, d	_/		
Signature J. L. Hampton Sr. Staff Admin. Supry					By_	,	SUPERVI	SION DI	STRICT	# 3	
Printed Name Title					Title						
Janaury 16, 1989			30-5 hone N				•				

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.