Submit 5 Copies
Appropria e District Office
DISTRIC I
P.O. Box 1980, Hobbs, NM 88240

DISTRICTIII P.O. Drawer DD, Artesia, NM 88210

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 III 1000 Rio Trans Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

1,	T	OTRA	NSPO	RT OIL	AND NA	TURAL G						
Among Production Company									Well API No.			
Amoco Production Company 30									21731			
1670 Broadway, P. O. I	Box 800,	Denve	r, Co	lorad	o 80201							
Reason(s) for l'iling (Check proper box)						cr (Please expl	lain)					
New Well		Change in T	-	רי								
Recompletion _ Change in Operator X	Oil Controller		Ory Gas	L.J [**]								
	Casinghead											
and address of previous operator Tenn	neco Oil	E & P	, 616	2 S.	Willow,	Englewoo	od, Co	lor	ado 80	155		
II. DESCRIPTION OF WELL	AND LEA	SE										
Lease Na ne		ing Formation					L	ease No.				
SAN JUAN 28-7 UNIT	TA)			EDER	AL	SF07	7952					
Location Unit Letter B	. 850	_	_	FN	τ	e and 1845				er i		
Unit Letter	- :	P	eet Fron	i The	Lin	e and 1045		_ Fee	t From The	LED	Line	
Section 17 Township	<u>'</u>	, NMPM, RIO) AR	ARRIBA County						
III - INECIONATION OF TRAN	CDADTET	OF OH	A BID	NIA TEN	DAI CAR							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		or Condensa				e address to w	hich appi	oved o	opy of this f	orm is to be s	eni)	
CONOCO Or Conochiste Adoless (Give address to which approved copy of this form is to be sent) P. O. BOX 1429, BLOOMFIELD, NM 87413												
Name of Authorized Transporter of Casing	Address (Give address to which approved											
EL PASO NATURAL GAS COMPANY				!	P. O. BOX 1492, EL							
If well produces oil or liquids, give location of tanks.	Unit 1	S∞. [1	™p.	Rge.	is gas actuali	y connected?	V	Vhen 7	•			
If this production is commingled with that I	[min any othe	I.	nd oive		ing order num							
IV. COMPLETION DATA	tom any vale	1 10000 O. p.	~, g,	CONTENT OF	ing order nam							
		Oil Well	Gar	Well	New Well	Workover	Deep	en]	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion			_j			İ	<u>i </u>	<u>i</u>		İ	. İ	
Date Spurded	Ready to P	rod.		l'otal Depth			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay							
					,				Tubing Depth			
Perforations	L								Depth Casin	g Shoe		
}									·	_		
TUBING, CASING AND					CEMEN'TING RECORD							
HOLE SIZE CASING 8			ING SIZ	E	DEPTH SET			SACKS CEMENT				
	ļ											
V. TÉST DATÁ AND REQUES	T FOR AI	LOWAI	BLE					/				
OIL WILL (Test must be after re	covery of tota	d volume of	load oil	and must	be equal to or	exceed top alle	owable fo	r this	depth or be	for full 24 hou	vs.)	
Date First New Oil Run To Tank		Producing Method (Flow, pump, gas lift, etc.)										
Completed Park									Choke Size			
Length of Test	Tubing Pressure				Casing Pressure				Since Since			
Actual Prod. During Test	During Test Oil - Bbts.				Water - Bbis.				Gas- MCF			
GAS WELL	1											
Actual Pred. Test - MCI/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
	_											
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Choke Size			
	l							I				
	ATE OF C			E	(DIL CON	ICEE	۸/۸	TION	טואופוע)NI	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above						AL CON	NOLI	1 7 7	IIOIV	DIVISIC)1 4	
is true and complete to the best of my knowledge and belief.					D-1-	A		847	V 10 +	200		
7.11	1				Date	Approve	a		IX 08 1	484		
J. J. Stampton					3101							
Superiore S. Staff Admin Superior					By Buch? Then							
J. L. Hampton Sr. Staff Admin Suprv. Printed Name Title					Tale	;	Buper	VIS	ION DIS	STRICT #) 1	
Janatry 16, 1989	=	303-83	0-502	25	Title							
Date		Teleph	one No.									

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Fequest 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) Till 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.