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Appropriate District Office
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DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

Operator Amoco Production Company		Attention: Bobbe Bren-Carley	Well API No. 3003925341
Address P.O. Box 800 Denver Colorado 80201 (303) 830-4542			
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)			
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>	

If change of operator give name and address of previous operator

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-7 Unit	Well No. 31A	Pool Name, Including Formation Blanco Mesaverde 72319	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078497A
Location Unit Letter <u>C</u> 670' Feet From The North Line and 1340' Feet From The West Line				
Section 20	Township 28N	Range 7W	,NMPM, Rio Arriba County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
<u>2807510</u>				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)			
El Pao Natural Gas <u>2807569</u>	PO Box 4990 Farmington NM 87499			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
Is gas actually connected?		When?		
Yes		2-9-94 (mtr # 97 well)		

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded 12-16-93	Date Compl. Ready to Prod. 12-24-93		Total Depth 5615'		P.B.T.D. 5515'			
Elevations (DF, RKB, RT, GR, etc.) 6267'	Name of Producing Formation Blanco Mesaverde		Top Oil/Gas Pay 5104'		Tubing Depth 5321'			
Perforations 6102'-6332'					Depth Casing Shoe 407'			

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12.250"	9.625"	407"	250 cl B
8.750"	7.000"	3154"	180 Cl B, 386 Cl B, 100 Cl B
6.250"	4.600"	5605"	300 Cl B

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size FEB 21 1994
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas OIL CON. DIST.

GAS WELL

Actual Prod. Test - MCF/D 1152 MCFD	Length of Test 24 hr.	Bbls. Condensate/MMCF 0	Gravity of Condensate
Testing Method (pitor, back pr.) flowing	Tubing Pressure (Shut-in) 140 psi	Casing Pressure (Shut-in) 445 psi	Choke Size separator

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

Bobbe Bren-Carley
Signature
Bobbe Bren-Carley Sr. Staff Assistant
Printed Name Title
02/18/1994 (303)830-4542
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved 2-22-94
By [Signature]
Title SUPERVISOR DISTRICT # 3

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
- 4) changes.