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

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## OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410	REQ					AUTHORI TURAL G					
Operator AMOCO PRODUCTION COMPANY						Weil API No. 300390718000					
Address P.O. BOX 800, DENVER,	COLORA	DO 8020	)1								
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Oil Casingho	Change in	Dry (		OI	nes (Please expl	ain)				
If change of operator give name and address of previous operator								- <del></del> -			
II. DESCRIPTION OF WELL Lease Name SAN JUAN 28 7 UNIT	iding Formation OTA (PRO	RATED GAS		of Lease , Federal or Fe		case No.					
Location L Unit Letter	:	1668	_ Fect	From The	FSL Li	80 bas se	001	eet From The	FWL	Line	
Section 2 Townshi	27	N	Rang	e 7W	N	ІМРМ,	RI	ARRIBA		County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATUR  Name of Authorized Transporter of Oil  or Condensate    MERIDIAN OIL INC.						RAL GAS   Address (Give address to which approved copy of this form is to be sent)   3535 EAST 30TH STREET, FARMINGTON, NM 87401					
Name of Authorized Transporter of Casing EL PASO NATURAL GAS CO If well produces oil or liquids,	URAL GAS COMPANY				Address (Gi	Address (Give address to which approved copy of this form is to be sens)  P. O. BOX 1492 EL PASO, TX 79978  Is gas actually connected? When ?					
give location of tanks.  If this production is commingled with that	from any o	her lease or	pool, g	give commin	igling order num	nber:					
IV. COMPLETION DATA		Oil Wel		Gas Well	New Well	_,	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		_i	i_		_i	i	L	_i			
Date Spudded	Date Compl. Ready to Prod.				I otal Depth	Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing					
	TUBING, CASING AND					ING RECOR	D		PACKE CEN	ENT	
HOLE SIZE	E CASING & TUBING SIZE					DIEGELVE BACKS CEMENT					
						<u> </u>	G2 3 19	90.	á		
V. TEST DATA AND REQUES	ST FOR	ALLOW	ABL	E		OII (	CON.	DIV.]	for full 24 has		
OIL WELL (Test must be after the Date First New Oil Run To Tank	recovery of total volume of load oil and must				Producing N	Method (Flow, p	DIST	elc.)	jor <u>jan 1</u> 7 mo		
Length of Test	Tubing Pressure				Casing Pres	sure		Choke Size			
Actual Prod. During Test	Oit - Bbls.				Water - Bbi	Water - Bbis.			Gas- MCF		
GAS WELL Actual Trust Test - MCT/D	Leagth o	l'l'est			Bbls. Conde	nsale/MMCF		Gravity of	Condensate	4	
Festing Method (pitot, back pr)	Tubing Pressure (Shut-in)				Casing Pres	Casing Pressure (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.					Dat	Date ApprovedAUG 2 3 1990					
D.H. Shley					Ву		3	ردر	In		
Bignature Doug W. Whaley, Staff Admin. Supervisor Printed Name Title						SUPERVISOR DISTRICT #3					
July 5, 1990		303-	830- Ісрінія	-4280 c No.	·						

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.