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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II 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 Brazos Rd., Aztec, NM 1	37410									
I.	REQUES	TO A NOD OD	OWABLE A	ND AUTHOR	RIZATION	i				
Operator		THANSPUH	I OIL ANL	NATURAL (LADING				
Amoco Production Company				Well API No. 3003920429						
Address 1670 Broadway, P.	O. Box 800. I	enver. Col	orado 8	0201	1500	3920429				
Reason(s) for Filing (Check proper	box)		<u> </u>	Other (Please ex	plain)					
New Well		nge in Transporter o								
Recompletion Change in Operator	Oil Cosinghas A.C.	Dry Gas Condensate								
If change of				- F - 1						
II. DESCRIPTION OF WI	Tenneco Oil E	u 1, 0102	3. WIII	w, Englewo	od, Colo	orado 80	155			
Lease Name Well No. Pool Name Incl				uding Formation			Lease No.			
SAN JUAN 28-7 UNIT 157 BASIN (DA			-	ZOTE 4.3			ERAL SF078578			
Unit Letter B	. 820	Feet From T	_{be} FNL	Line and 1700	4		 F r 1			
Section 11 To	wnship 27N	Range 7W		NMPM.		cet From The	151	Line		
					KIU A	IRRI BA		County		
III. DESIGNATION OF T Name of Authorized Transporter of	CANSPORTER OF CO	ondensale	ATURAL C	AS (Give address to w	hich ann	d conv of this				
CONOCO				BOX 1429,	BLOOMF!	e copy of this for ELD NM	m is to be se 977.10	ni)		
Name of Authorized Transporter of	Casinghead Gas	or Dry Gas [X Address	(Give address to w	hich approved	copy of this for	m is to be se	ent)		
EL PASO NATURAL GAS COMPANY If well produces oil or liquids, Unit Sec. Two. Re				P. O. BOX 1492, EL PASO			O, TX 79978			
give location of tanks.	i i	Тwp. 1	1	dually connected?	When	17				
If this production is commingled with IV. COMPLETION DATA	that from any other leas	e or pool, give com	uningling order	number:						
	loir	Well Gas W	ell New Y	Veli Workover	I Dansa	1 n. n. la				
Designate Type of Complete	tion - (X)	i	i	i	Deepen	Plug Back Sa	ame Res'v	Diff Res'v		
Date Spudded	Date Compl. Read	ly to Prod.	Total De	pth	·	P.B.T.D.		- L		
Perforations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay		Tubing Depth				
	TUBIN	IG, CASING A	ND CEMEN	TING RECOR	D	!				
HOLE SIZE	CASING 8		DEFTH SET			SACKS CEMENT				
dinas summer										
TEST DATA AND REQU OIL WELL (Test must be all										
Dale First New Oil Run To Tank	Date of Test	me of load oil and i	must be equal to	or exceed top allo	wable for this	depth or be for)	full 24 hows	i.)		
	_		riodacing	Method Flow, pu	τφ, gas iyi, ei	c.)				
ength of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size		
ctual Prod. During Test	Oil - Ubls.									
	Oil - Bois.		Water - B	bla.		Gas- MCF				
GAS WELL					J					
ctual Prod. Test - MCI/D	Test - MCI/D Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate		
sting Method (pilot, back pr.)	Tubing Pressure (Si	nul ini	Contract for	Casing Pressure (Shut-in)		0.50.60				
		•	Cashing 170	Secret (SAINT-IU)		Cloke Size				
I. OPERATOR CERTIF	ICATE OF COM	IPLIANCE			1					
I hereby certify that the rules and re Division have been complied with a	gulations of the Oil Con-	cryation		OIL CON	SERVA	TION DI	VISIO	1		
is true and complete to the best of n	ny knowledge and belief.	iven above	_			BAAV CC -	noc			
111	a		∥ Da	te Approved		MAY 08 1	<u> 984</u>			
Sudan for Stamplen				By Bul Aunt						
Signifure J. L. Hampton	Sr. Staff Admi	in. Suprv	Ву				7	<i>u</i>		
Printed Name Janaury 16, 1989		Title	Titl	e	-SERV	ISION DIS	TRICT	7 B		
Date	303.	-830-5025	. ''''	·						

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.