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 CONCEDUATION DIVICION

DISTRICT II	OIL	CONS			DIAIZIC	λN	,				
P.O. Drawer DD, Artesia, NM 88210		Santa Fe.		ox 2088 exico 875	04-2088						
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 874	REQUEST	FOR AL	LOWAE	BLE AND	AUTHOR						
TO TRANSPORT OIL AND NATURA						. GAS					
Amoco Production Company						3003907100					
Address	D 000 D							•			
1670 Broadway, P. O		nver, C	olorad		er (Please exp	lain)					
New Well	•	e in Transpo			ici (i icaze cap	,					
Recompletion	Oil Casinghead Gas	Dry Gar									
	enneco Oil E			Willow	Fnalaria	od Colo					
• •		α r, 01	02 5.	willow,	Englewoo	oa, colo	rado 80	7135			
I. DESCRIPTION OF WEI Lease Name		No. Pool Na	ame, Includi	ing Formation				L	ease No.		
SAN JUAN 28-7 UNIT	93				H (PICT CLIFFS) FEDE			SF07	9319		
Location N Unit Letter	:	: 840 Feet From The FSL Line and 155					Feet From The FWL Lin				
Section G Tow	nship 27N	Range ⁷	W	, N	мрм,	RIO A	RRIBA		County		
III. DESIGNATION OF TR. Name of Authorized Transporter of Or		OIL ANI	NATU		ve address to w	hich approved	copy of this j	orm is to be se	int)		
Name of Authorized Transporter of Ca EL PASO NATURAL GAS (asinghead Gas COMPANY				Address (Give address to which approved P. O. BOX 1492, EL PASO						
If well produces oil or liquids, ive location of tanks.	Unit Sec.	Twp.	Rge.	is gas actuali	y connected?	When	?				
this production is commingled with tV. COMPLETION DATA	hat from any other lease	or pool, give	e commingl	ing order num	ber:						
Designate Type of Completi	on - (X)	Vell G	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Read	y to Prod.		Total Depth	<u> </u>	J	P.B.T.D.	1			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
'erforations	L			i			Depth Casir	ig Shoe			
	TILDIA	C CASIN	IC AND	CEMENT	NC BECOL) D	<u> </u>				
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
			-								
V. TEST DATA AND REQU	IEST FOR ALLO' er recovery of total volu		:t 4	h		amakta Garabi		Con Coll 74 have	1		
III. WELL (Test must be aft Date First New Oil Run To Tank	Date of Test	me oj toda o			exceed top all ethod (Flow, p			jor juli 24 nou	rs.)		
								Choke Size			
ength of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.	Oil - Ubls.				Water - Bbls.			Gas- MCF		
GAS WELL				J			·				
Actual Prod. Test - MCI/D	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate				
esting Method (pitol, back pr.)	Tubing Pressure (S	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size		
/I. OPERATOR CERTIF	ICATE OF CON	/PLIAN	CE			JOEDY	ATION	חווופוכ			
I hereby certify that the rules and re Division have been complied with a	-			'	JIL COI	NOEH V	AHON	DIVISIO	М		
is true and complete to the best of r				Date	Approve	ed 1	80 YAN	1000			
1 1 21	ati						\ d	1			
Signature Signature	njun			∥ Ву_		مندة	•	lamy/			
J. L. Hampton Printed Name Janaury 16, 1989		nin. Sup Title 3-830-50	-	Title		SUPERV	ISION D	STRICT	# 3		
Date Date		Clephone 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
- 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.