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State of New Mexico Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instructions

OIL CONSÉRVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Section 12 Township 28N Range 7W NMPM, RIO ARRIBA County	Operator AMOCO PRODUCTION COMPANY					Well API No. 300390744400				
READLOS for Ling (Check proper bast) New Well Recompletion Oil Operator Other (Please explain) Recompletion Oil Operator Other (Please explain) Recompletion Oil Operator Other (Please explain) Recompletion Oil Operator Other Other Recompletion Oil Operator Other Other Recompletion Oil Operator Other Unit Letter M		COLORADO 8020	1			·· 				
Change in Operator Casinghead Gas Condensate	Reason(6) for Filing (Check proper box) New Well	Change in	Transporter of:	Other	(Please expla	nin)				
Causing of openions give name and addition of previous operators			• —						ļ	
I. DESCRIPTION OF WELL AND LEASE Lease Name Solution Solut	change of operator give name									
Lease Name SAN JUAN 28 7 UNIT S5 BLANCO MESAVERDE (PRORATED GA State, Federal or Fee Lease No.	· · · · · · · · · · · · · · · · · · ·	AND LEASE								
Unit Letter	Lease Name	Well No.	g Formation AVERDE (1	PRORATED						
Section 12 Township 28N Range 7W NMPM, RIO ARRIBA County	M	800	F F 75 .	FSL 891			eet From The FWL Line			
Name of Authorized Transporter of Oil or Condensate	12	28N	7W							
Name of Authorized Transporter of Coll										
Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of that form as to be sens) EL PASO NATURAL GAS COMPANY If well produces oil or liquids, If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: If this production is commingled with that from any other lease or pool, give commingling order number: It this product of the subject of the work of the work of the po				Address (Give	address to wh	tich approved	copy of this for	m is to be se	nt)	
EL PASO NATURAL GAS COMPANY P.O. BOX 1492 BL PASO TX 79978 If well products oil or liquids,		thead Gas []	or Dry Gas	3535 EAS	ST 30TH address to wh	STREET,	FARMING Topy of this for	ON NM	87401 nu)	
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) Date Spudded Date Compl. Ready to Prod. Elevations (DF, RAB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations TUBING, CASING AND CEMENTING R HOLE SIZE CASING & TUBING SIZE DEPTION AUG 2 3 1990 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 Tubing Pressure Casing Pressure Casing Pressure Choke Size GAS WELL Actual Prod. During Test Oil - Ubits. Date of Test Biblis. Condensate/MMCF Casing Pressure (Shut-in)	EL PASO NATURAL GAS COM	ASO NATURAL GAS COMPANY roduces oil or liquids, Unit Sec. Twp. Rge.			P.O. BOX 1492, EL PASO, When?			TX 79978		
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VI. OPERATOR CERTIFICATE OF COMPLIANCE	VI OPERATOR CERTIFIC	'ATE OF COM	PLIANCE					DU #2:		
Thereby certify that the rules and regulations of the Oil Conservation	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. Date Approved AUG 9 3 1990	Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Date Approved AUG 9 3 1990					
Nil III	NUMBER				Date Apploved					
Signature Doug W. Whaley, Staff Admin. Supervisor SupERVISOR DISTRICT #3	Signature U. Libedow Staff Admin Supervision				1					
Printed Name Title SUPERVISOR DISTRICT #3	Printed Name Title					SUPERVIS	OR DIST	RICT #	3	
July 5, 1990 303-830-4280 Date Telephone No.		303-	830-4280 tephone 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.