Submit 5 Copies
Appropriate District Office
DISTRICT1
P.O. Box 1980, Hobbs, NM 88240

## State of New N Energy, Minerals and Natural 1 Luces 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

DISTRICE II P.O. Drawer DD, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410			BLE AND AUTHORIZA L AND NATURAL GAS			
Operator				Well API No.		
Amoco Production Comp	any			3004522916		
Address 1670 Broadway, P. O. I	Box 800, Den	ver, Colorad	io 80201			
Reason(s) for Filing (Check proper box)			Other (Please explain)			
New Well		n Transporter of:				
Recompletion	Oil L Casinghead Gas	Dry Gas				
M. Alexander and A. Alexander						
and address of previous operator Tent	neco Oil E &	P, 6162 S.	Willow, Englewood,	Colorado 80	155	
II. DESCRIPTION OF WELL						
Lease Name SAN JUAN 32-9 UNIT	Well No. 28A	Pool Name, Include BLANCO (MES	· .	FEDERAL	Lease No. 820785070	
Location		plateo (1113	AVERDE)	FEDERAL	820/830/0	
Unit Letter	1835	FN Feet From The	L Line and 1660	Feet From The	FWL Line	
	32N			SAN JUAN		
Section 26 Township	P	Range <sup>10W</sup>	, NMPM,	SAN JUAN	County_	
III. DESIGNATION OF TRAN	SPORTER OF C	OIL AND NATU				
Name of Authorized Transporter of Oil or Condensate K			Address (Give address to which approved copy of this form is to be sent)  P. O. BOX 1429, BLOOMFIELD, NM 87413			
.,	of Authorized Transporter of Casinghead Gas or Dry Gas X		Address (Give address to which approved copy of this form is to be sent)			
	PASO NATURAL GAS COMPANY			. O. BOX 1492, EL PASO, TX 79978		
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.   Rge.	is gas actually connected?	When 7		
If this production is commingled with that t	from any other lease of	r pool, give comming	ling order number:			
IV. COMPLETION DATA						
Designate Type of Completion	Oit Wei	II Gas Well	New Well   Workover	Deepen Plug Back	Same Res'v Diff Res'v	
Date Spudded	Date Compl. Ready (	o Prod.	Total Depth	P.B.T.D.		
·	l					
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth	1		
Perforations			J	Depth Casing Shoe		
			CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET	S	ACKS CEMENT	
V. TEST DATA AND REQUES	 ST FÖR ALLOW	ARLE				
•			be equal to or exceed top allowal	ble for this depth or be fo	or full 24 hours )	
Date First New Oil Run To Tank Date of Test			Producing Method (Flow, pump, gas lýt, etc.)			
Length of Test	Tubing Pressure		Casing Pressure	Choke Size		
<b>g</b>	, and the same of					
Actual Prod. During Test	Oil - libis.		Water - Bbis.	Gas- MCF	Gas- MCF	
	l					
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Co	milensale	
Actual Floor Test - Mic170	LANGUI VI TON			orani, or co	, and the same of	
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	Choke Size		
	l		ļ			
VI. OPERATOR CERTIFICA			OIL CONS	ERVATION D	DIVISION	
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 k	nowledge and belief.		Date Approved	MAY 08 10	ŖQ	
( Le I Ham stan)				1		
Signature Signature			By			
J. L. Hampton Sr. Staff Admin. Suprv. Printed Name Title			-	PERVISION DIS	TRICT # 3	
Janaury 16, 1989	830-5025	Title				
Date	Tel	ephone 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.