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 Buttom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

Santa Fe, New Mexico 87504-2088

1000 Rio Brazos Rd., Aztec, NM 87410						AUTHORI						
Operator							Well API No.					
Amoco Production Company						3003921019						
Address 1670 Broadway, P. O. I	Зох 800	, Denv	er,	Colorad								
Reason(s) for Filing (Check proper box) New Well Recompletion	Oil	Change in	Тгапър Оту С		[] Oth	cs (Please expl	ain)					
Change in Operator		d Gas	•									
If change of operator give name and address of previous operator Tenr	neco Oi	1 E &	Р, 6	162 S.	Willow,	Englewoo	d, Colo	rado 80	155			
IL DESCRIPTION OF WELL	AND LE		,									
Lease Name SAN JUAN 28-7 UNIT	Well No. Pool Name, Including				· .			RAL	Lease No. RAL 48027483			
Location		1	1			225						
Unit LetterE	- :15	80	Feet F	rom The FN	IL Lin	e and <u>825</u>	Fe	et From The	FWL	Line		
Section 22 Township 27N Range 7W						, NMPM, RIO ARRIBA County						
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL Al	ND NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conder	sale	-	Address (Gir	e address to w	hich approved	copy of this j	form is to be se	ent)		
Name of Authorized Transporter of Casinghead Gas or Dry Gas X					Address (Give address to which approved copy of this form is to be sent)							
L PASO NATURAL GAS COMPANY well produces oil or liquids, Unit Sec. Twp. Rge.					P. O. BOX 1492, EL PASO, TX 79978 Is gas actually connected? When ?							
give location of tanks.	i	İ	i	_i	<u> </u>		i					
If this production is commingled with that: IV. COMPLETION DATA	from any ot	her Icase or	pool, g	ive comming	ing order num	ber:						
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
Perforations					Der				epth Casing Shoe			
					CTEL ATTACK	NG BEGOR		<u> </u>				
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET			T	SACKS CEMENT			
THOLE OILE												
								ļ				
V. TEST DATA AND REQUES							laurable for the	is death or be	for full 2d hou	erc l		
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						ethod (Flow, p			<i>,u, ,</i> <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			
Length of Test	Tubing Pressure				Casing Press	Casing Pressure			Choke Size			
exign or rea	runing riessare											
Actual Prod. During Test	Oil - Bbis.				Water - Bbls.			Gas- MCF				
GAS WELL	J				·	 		. 1				
Actual Prod. Test · MCI/D	Length of Test				Bbls. Condensate/MMCF Gia				ravity of Condensate			
lesting Method (pilot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shul-in)			Choke Size	Choke Size			
VI. OPERATOR CERTIFIC	ATE O	COM	LIA	NCE			UCEDV	ATION	DIMEIO	DNI.		
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION							
is true and complete to the best of my knowledge and belief.					Date Approved MAY 08 1989							
J. L. Hampton					3 day							
Significant Supra Sr. Staff Admin. Supra.					SUPERVISION DISTRIBUT # 3							
Printed Name Janaury 16, 1989		303-	Title	-	Title	·						
Date			phone									

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.