Combinit 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 CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

1,	TOTRA	ANSPORT OIL	. AND NATURAL GA						
Operator Dunadunation Commo				Pl No.	No.				
Amoco Production Compa	3003907219								
Address 1670 Broadway, P. O. E	Box 800, Denv	er, Colorad	o 80201						
Reason(s) for Filing (Check proper box)			Other (Please expla	in)					
New Well	Change in	Transporter of:							
Recompletion []	, C)	Dry Gas					ļ		
Change in Operator	Casinghead Gas	Condensate					}		
If change of operator give name Tenn	neco Oil F &	P 6162 S	Willow, Englewood	d Color	2do 80	156			
and address of previous operator 1211	icco off E a	1, 0102 5.	WITTOW, ENGIEWOOD	u, coror	<u>auo 60</u>	177			
II. DESCRIPTION OF WELL	AND LEASE								
Lease Name Well No. Pool Name, Includin			ng Formation		Lease No.				
SAN JUAN 28-7 UNIT		BLANCO (MES	AVERDE)	FEDER	FEDERAL		UTU0149777		
Location							1		
Unit LetterN	. 800	Feet From The FS	L Line and 1460	Fee	t From The _	FWL	Line		
							_		
Section 32 Township	,28N	Range7W	, NMPM,	RIO AR	RIBA		County		
III. DESIGNATION OF TRANS	SPORTER OF O	II. AND NATII	RAL GAS						
Name of Authorized Transporter of Oil	or Conde	nente	Address (Give address to wh	ich approved o	opy of this fo	rm is to be set	u)		
conoco	P. O. BOX 1429, BLOOMFIELD, NM 87413						1		
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)									
EL PASO NATURAL GAS COM			P. O. BOX 1492, J	EL PASO.	TX 79	978			
	Unit Sec.	Twp. Rge.	is gas actually connected?	When 1					
give location of tanks.	i i								
If this production is commingled with that f	from any other lease or	pool, give commingl	ing order number:						
IV. COMPLETION DATA									
	Oil Well	Gas Well	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion	- (X)	1	1	L1					
Date Spudded	Date Compl. Ready to	o Prod.	l'otal Depth		P.B.T.D.				
Elevations (DF, RKB, RI, GR, etc.) Name of Producing Formation			Tubing Depth			1			
Perforations					Depth Casing	g Shoe]		
\ <u> </u>									
	TUBING	CASING AND	CEMENTING RECORI	<u>D</u>					
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
Servenceson, or supress energy processes		: == 1-25	l						
V. TEST DATA AND REQUES									
	,	of load oil and must	be equal to or exceed top allo			or juli 24 now	3.)		
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pu	mp, gas iyi, ei	c.)		-		
Laurence of There	Table December		Casing Pressure		Choke Size				
Length of Test	Tubing Pressure		Casing Pressure		33				
Actual Prod During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF				
Actual Fixed Extring Test									
	1		1						
GAS WELL	T		15: 1-2-1 1-2-1 12: 12: 12: 12: 12: 12: 12: 12: 12: 12		ray == 0:= 12 -4				
Actual Prod Test - MCI/D	Length of Test		Bbls. Condensate/MMCF		Gravity of C	ondensate	.		
	20		la.,		25 100016700				
i esting Method (pilot, back pr.)	Tubing Pressure (Shu	C-in)	Casing Pressure (Shut-in)		Choke Size		ł		
L			ļ						
VI. OPERATOR CERTIFIC	ATE OF COM	PLIANCE	OIL CON	ICEDV/	TION	אופור	ANI.		
I hereby certify that the rules and regula	OIL CON	OLIVA	TION I		/1 4				
Division have been complied with and to	H	M	AY OR	1020					
is true and complete to the best of my k	Date Approved	d	ni '						
(1 / 2/		3.	S A						
J. J. Stam	Ву			H					
Signature J. L. Hampton Sr	'	SUPERVI	SION DI	STRICT	3				
Printed Name Title			Title						
Janaury 16, 1989	And the second second	830-5025	11110						
Date	Tel	ephone No.	1						

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.