Submit 5 Copies Appropriate District Office DISTRICT J 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

-1

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DICTORY III

1000 Rio Brazas Rd., Aztec, NM 8	7410 REQUE	ST FOR A	ALLOWAE	BLE AND AUTHORI	ZATION			
I.				AND NATURAL G	AS	PL No		
Operator Amoco Production (Weil API No. 3003907242						
Address 1670 Broadway, P.	0 Por 900	Donuer	Calarad	- 90201				
Reason(s) for Filing (Check proper		benver,	Colorad	O 80201 Other (Please expl	ain)			
New Well	Ci	ange in Trans	• —	-				
Recompletion L	Oil	U Dry €	,					
Change in Operator 1.44 I change of operator give name	Casinghead G							
nd address of previous operator	Tenneco UII	E & P, t	0162 5.	Willow, Englewoo	od, Colo	rado 80.	155	
I. DESCRIPTION OF W			Name Include	ing Furmation			1	ase No.
SAN JUAN 28-7 UNIT	10	ell No. Pool 5 BLAN	CO (MES	AVERDE)	FEDE	RAL	SF078	
Location N	1850	850_ Feet	FS		C-		FWL	Line
Unit Letter	28N	DELL_ Feel	7W	Line and	RIO A	et From The DDTDA		
	wnship 2014	Rang	e′ "	, NMPM,	NIO A	WIDA	······································	County
II. DESIGNATION OF T	RANSPORTER	OF OIL A	ND NATU	RAL GAS				
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				
Name of Authorized Transporter of	ne De	ry Gas [**	·					
et"paso"natural "gas	COMPANY			Address (Give address to w P. O. BOX 1492,			978	-,
If well produces oil or liquids, give location of tanks.	Unit So	с. Тwр. 	. Rge.	is gas actually connected?	When	7		
this production is commingled will V. COMPLETION DATA		ease or pool,	give comming	ling order number:				
Designate Type of Compl		Dil 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.		
levations (DF, RKB, RT, GR, etc.) Name of		ucing Formati		Top Oil/Gas Pay		Tubing Depth		
Perforations				Depth Casing Shoe				
)							, 4	
	TU	BING, CAS	SING AND	CEMENTING RECOR	₹D			
HOLE SIZE	CASIN	G & TUBING	SIZE	DEPTH SET	<u></u>	S	ACKS CEM	NT
V. TEST DATA AND RE	SUPET EAD AT	LAWADI				1		
	•			t be equal to or exceed top all	lowable for thi	s depth or be fo	or full 24 how	·s.)
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, p				
Length of Test	Tubing Pressu			Casing Pressure	Choke Size			
				Water - Bbis.		Gas- MCF		
Actual Prod. During Test	Oil - Bbis.	Oil - Bbls.		vracci ^ DUIS.		See Mot		
GAS WELL	1			.1				
Actual Prod. Test - MCI/D	Length of Ten			Bbls. Condensate/MMCF		Gravity of Condensate		
Testing Method (pitos, back pr.)	Tubing Press	re (Shut in)		Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERT	TEICATE OF C	OMPLIA	NCF			_L		
I hereby certify that the rules an				OIL CO				N
Division have been complied w is true and complete to the best	ith and that the informs	ition given abo				Y 08 100	1q	
				Date Approve	ed	~1		
J. L. Hampton				B ₁	(المساط	. Chan	*	
Signature	,	Admin 9		Ву	UPERVIS	TON DIST	RICT#)
Printed Name	Sr. Staff	Title		Title				
Janaury 16, 1989		303-830- Telephone						

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.