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 Bottom of Page

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

OIL CONSERVATION DIVISION P.O. Box 2088

DISTRICT III	Santa Fe, Ne	w Me	xico 8750	4-2088					
1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLO	WABL	LE AND A	UTHORIZ	ATION				
	TO TRANSPORT	TOIL.	TAN DNA	URAL GA					
Operator AMOCO PRODUCTION COMPA			Well A	039-07242					
Address P.O. BOX 800, DENVER,	COLORADO 80201								
Reason(s) for Filing (Check proper bax)	COBOREDO OUZOT		Othe	(Please expla	in)			· · · · · · · · · · · · · · · · · · ·	
New Well	Change in Transporter of	of:							
Recompletion XX	Oil Dry Gas '	KX.							
Change in Operator	Casinghead Gas Condensate								
change of operator give name									
nd address of previous operator	ANDIDAGE								
I. DESCRIPTION OF WELL Lease Name	Well No.   Pool Name,	Including	e Formation		Kind o	Lease	14	ase No.	
San Juan 28-7	l l	·			ed SF-07850				
Libration									
Unit Letter N	. 850 ' Feet From T	ne	S Line	and1840	O' Fe	t From The _	W	Line	
24	. 20M -	7	ToT	C:	an Tuan			<b>G</b>	
Section 31 Townsh	ip 28N Range	/	W W	IPM, S	an Juan			County	
III. DESIGNATION OF TRAN	SPORTER OF OIL AND N	ATUR	AL GAS						
Name of Authorized Transporter of Oil	or Condensate			e address to wh	ich approved	copy of this fo	mm is to be se	nı)	
Name of Authorized Transporter of Casinghead Gas or Dry Gas [XX] Address (Give address to which approved copy of this form									
Name of Authorized Transporter of Casin El Paso Natural Gas	nghead Gas or Dry Gas	XX	•	ox 4990,	• •			nu)	
If well produces oil or liquids,	Unit Soc. Twp.	Rgc.	ls gas actually		When		01433		
ive location of tanks.					i				
I this production is commingled with that	from any other lease or pool, give co	mmingli	ng order numl	жг.					
V. COMPLETION DATA									
Decimate Time of Conviction	Oil Well Gas V		New Well	Workover	Deepen		Same Res'v	Diff Resv	
Designate Type of Completion		X	Total Depth		<u> </u>	P.B.T.D.	1		
Dale Spudded 7/4/59	Date Compl. Ready to Prod. 11/16/91		5107	r		279	3'		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top OiVGas	Pay		Tubing Dep	Tubing Depth		
6208' GR Fruitland Coal			2454	<b>1</b> .		2582'			
Perforations						Depth Casii	ig Slice		
See actock:			CEL (CLUE)	NC DECOR					
	TUBING, CASING		CEMENTI			T	SACKS CEM	FNT	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET 173' 2900'			210 sx cement /40			
	7 5/8"								
	2 3/8"		2582			310 360 sx cement			
A STORY OF THE LAND IN COLUM	5 1/2"		2810	'-5105'		360 sx	cement		
V. TEST DATA AND REQUE	recovery of total volume of load oil a	nd must	he equal to a	exceed top all	owable for th	is depth or be	for full 24 hos	urs.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test		Aucine M	ethod (Flow, p	ump, gas lift,	eic.)	· · · · · · · · · · · · · · · · · · ·		
			0) 5		<i>-</i>				
Length of Test	Tubing Pressure		Anding Press	are 🔄 🖞		Choke Size	:		
:			Water This	9.6		Gas- MCF			
Actual Prod. During Test	Oil - Bbls.		Water - Bott	<sup>ન્ડ</sup> ે 199 <sub>1</sub> ્	k. <u></u> "	Jan 1.11.51			
			M C	JAN 1		J			
GAS WELL  Actual Prod. Test - MCF/D	Length of Test		Bble Conde	PEND MMCF	<del>y</del> 2	Gravity of	Condensate		
221	24			0-			-0-		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shul-in)			Choke Siz				
Flowing	200		2	00			. 75		
VI. OPERATOR CERTIFI	CATE OF COMPLIANC	E	]	011 00	10==	ATION	D1.4101	ON	
I hereby certify that the rules and reg		_	1	OIL CO	NSERV	AHON	DIVISIO	ON	
Division have been complied with a	nd that the information given above					מבר פ	a 1001		
is true and complete to the best of m	y knowledge and belief.		Dat	e Approv	ed	UEU 3	V 1301		
1 min 11	malling K	KN	J						
Sizzation (A)	21 way 7 7	)~/	By.	Orig	inel Signed	by FRANK	T. CHAVEZ		
Doug W. Whaley, Sta	ff Admin. Supervisor			CHA	EBUICAN	DIOTOIO*	· д э		
Printed Name \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Cil Title		Title	3UP	ERVISOR	DISTRICT	<del>ग उ</del>		
Date O O	303-830-428 Telephone No.	30							
Date (	Telephone 140.		Ų.						

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.

## SAN JUAN 28-7 UNIT # 105

TIH WITH CEMENT RETAINER, SET AT 2800'. PRESSURE TEST TUBING TO 1000 PSI - HELD. PUMP 500 SX CLASS B WITH CALC THRU RETAINER AT 4 BPM, SET 50' CEMENT PLUG ON TOP OF RETAINER. PRESSURE TEST CASING TO 3300 PSIG (BLED 50 PSI IN 5 MIN- VISIBLE WELLHEAD LEAK).

REPLACED WELLHEAD WITH 5000# WELLHEAD. PRESSURE TEST CASING TO 3300 FOR 15 MIN. -HELD OK.

RAN CNL/GR/CCL LOGS FROM PBTD TO 2350'

## PERFORATED THE FOLLOWING INTERVAL:

2454'	-	2456'	W/8	JSPF,	.50	IN.	DIAM.,	15	SHOTS,	OPEN
2490'		24961						24		
2494'	-	2500'						24		
2519'	-	2527'						64		
2536'	_	2546'						80		
2549'	_	2554'						40		
2558'		2564						48		
26201	-	2624'						32		
2642	_	2657					:	120		

FRACED THE SUBJECT WELL WITH 15,700 # 40/70 ARIZONA SN, 139,100 # 20/40 ARIZONA SAND, 228,300 GAL. WATER. AIR 92 BPM, AIP 934 PSI.