Usual 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

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

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

DISTRICT III 1000 Rio Brazas Rd., Aziec, NM 87410 RECHEST FOR ALLOWARI F AND ALITHORIZATION

1.	TO	TRANSI	PORTO	I AND N	ATURALG	SAS				
)perator					Well API No.					
Amoco Production Company Address					3003907291					
1670 Broadway, P. O	. Box 800,	Denver,	Colorac	lo 8020)1					
Reason(s) for Filing (Check proper bo	x)				ther (Please exp	dain)				
New Well Recompletion	Ci Oil	nange in Trans	. —							
Change in Operator [X]		ias Cond	(=-)							
If change of operator give name and address of previous operator T	enneco Oil	E & P. 6	5162 S.	Willow.	Englewoo	od. Colo	rado 80	155		
II. DESCRIPTION OF WEI						0010	1444	.1.7.2		
Lease Name SAN JUAN 28-7 UNIT	w	Well No. Pool Name, Include 27 BLANCO (MES				FEDE	FEDERAL,		Lease No. SF078502	
Location N Unit Letter	990	East:	FS		1650		eet From The	FWL		
26 Section Town	28N	28N Feet From The					ARRIBA County			
III. DEGICALIZAÇÃO OF TO	AMONONER			1D A F 41 A						
III. DESIGNATION OF TR. Name of Authorized Transporter of Oi CONOCO		OF OIL A.	ND NATE	Address (G	ive address to w OX 1429,				eni)	
L PASO NATURAL GAS COMPANY			y Gas [X	Address (G	dress (Give address to which approved O. BOX 1492, EL PASO,			copy of this form is to be sent) , TX 79978		
If well produces oil or liquids, give location of tanks.	Unit So	c. Twp.	Rge.	ls gas actua	lly connected?	When	7			
I this production is commingled with to IV. COMPLETION DATA	hat from any other l	ease or pool, g	give comming	ling order nu	nber:					
Designate Type of Completion		il Well	Gas Well	New Wel	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded				Total Depth	Total Depth		P.B.T.D.		_ L	
(DF, RKB, RT, GR, etc.) Name of Producing Formation			n	Top Oil/Gas Pay			Tubing Depth			
Perforations					1			Depth Casing Shoe		
TUBING, CASING ANI			ING AND	CEMEN'TING RECORD						
HOLE SIZE	CASIN	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
TECT DATA AND DEATH	FOT FOD ALL	OLU A DI E	·	J			J			
/. TEST DATA AND REQU IL WELL — (Test must be afti	r recovery of total			he equal to a	er exceed top alle	owable for this	depth or be fo	or full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test			Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressur	e	Casir		sing Pressure		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL										
Actual Prod. Test - MCF/D	Length of Test			Bols. Conde	nsale/MMCF		Gravity of Co	ondensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
I. OPERATOR CERTIFI	CATE OF CO	OMPLIA	NCE	<u> </u>						
I hereby certify that the rules and rep Division have been complied with a	nd that the informati	ion given abov	e		OIL CON	NSERV/	ATION E	DIVISIC	N	
is true and complete to the best of m	y knowledge and be	elicf.		Date	a Approve	d	MAY A	R-1000		
J. L. Hampton				By 3 1						
Signature J. L. Hampton	Sr. Staff A	dmin. Sı	inrv.	5, -		0.11-0-	****			
Printed Name Title Janaury 16, 1989 303-830-5025				Title)	DUPER	A1210H I	DISTRIC	T#3	
Date		Telephone I	NO.	H						

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.