Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Mexico Form C-104
Resources Department Revised 1-1-89
See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazus Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Compa		Well API No. 3003907315						
Address 1670 Broadway, P. O. E	Rox 800 Den	ver Color	ado 80201					
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator	Change i	in Transporter of:	Other (Please es	xplain)				
f change of operator give name Tone			. Willow, Englewe	ood, Color	ado 8015	5 .		
II. DESCRIPTION OF WELL			1 - 3					
Lease Name	Well No	Pool Name, Inc	luding Formation			La	ase No.	
SAN JUAN 28-7 UNIT	52	BLANCO SO	UTH (PICT CLIFFS) FEDER	RAL	71019	378	
Location Unit Letter H	1840	Fast From The	FNL Line and 990	Fee	et From The _FI	EL	Line	
	28N			RIO AF			County	
Section 27 Township	P.20N	Range 7 W	, NMPM,	NIO NI	(KIDII		County	
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF C		TURAL GAS Address (Give address to	which approved	copy of this form	is to be se	nt)	
Name of Authorized Transporter of Casing EL PASO NATURAL GAS CON		or Dry Cas (X		Addtens (Give address to which approved copy of this form is to be sent) 2. O. BOX 1492, EL PASO, TX 79978				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. R	ge. Is gas actually connected	7 When	1			
If this production is commingled with that IV. COMPLETION DATA	from any other lease of	or pool, give comm	ingling order number:					
Designate Type of Completion	Oil We	ell Gas Well	New Well Workover	г Деереп	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready	to Prod.	Total Depth	1	P.B.T.D.		_ L	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing	Formation	Top Oil/Gas Pay	op Oil/Gas Pay 1ubing Depth				
Perforations					Depth Casing S	ihoe		
	TURING	CASING AN	ND CEMENTING RECO	ORD	!			
HOLE SIZE	1	TUBING SIZE		DEPTH SET SACI			ENT	
					l			
and the second of the second o	recovery of total volum	VABLE se of load oil and n	nust be equal to or exceed top			full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow	, pump, gas igi, e	10. <i>)</i>			
Length of Test	Tubing Pressure		Casing Pressure	Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.	Water - Bbls.		Gas- MCF		
GAS WELL					16.505066	ulencate		
Actual Prod. Test - MCF/D	Length of Test		BDIS. Condensate/MIMCE	Bbls. Condensate/MMCF		Gravity of Condensate		
l'esting Method (pitot, back pr.)	Tubing Pressure (Sh	nut-in)	Casing Pressure (Shut-in	Casing Pressure (Shut-in)		Choke Size		
VI. OPERATOR CERTIFIC Thereby certify that the rules and regul			OIL CO	ONSERV	ATION D	IVISIC	NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Date Appro	Date Approved MAY () 8 1000				
a. L. Ham	ston			3_	n) d	!/	,	
Signature J. L. Hampton Si	ll <u>—</u>	SUPER	AISTON DI	STRIC	T#3			
Printed Name Janaury 16, 1989		Title -830-5025	Title					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.