Cubmit 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

OIL CONSERVATION DIVISION P.O. Box 2988

Santa Fe, New Mexigo 87504-2088

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

REQUEST FOR ALLOWAPLE AND AUTHORIZATION

	T	O TRA	NSPC	PRT OIL	AND NA	TURAL G					
perator AMOCO PRODUCTION COMPANY						Well API No. 300390739900					
Address P.O. BOX 800, DENVER, (TO LORADO	8020	1								
Reason(s) for Filing (Check proper box)	OLOKADO	3020	*		Oth	et (l'ease exp	lain)				
New Well		hange in	-								
Recompletion	Oil	r-7	Dry Gas Condens	r							
Change in Operator	Casinghead	U25 []	Conocus	416 [_]							
nd address of previous operator	·										
I. DESCRIPTION OF WELL A			Davi Ma	- Indust	Enmelia		V ind	of Lease		ease No.	
Lease Name SAN JUAN 28 7 UNIT		Well No.			ng Formation AVERDE	(PRORATE					
Location M	. 890		_ Feet From The		FSL 1090		090 F) Feet From The		FWL Line	
Unit Letter	28N		Range 7W		. NMPM.			RIO ARRIBA		County	
II. DESIGNATION OF TRANS		OF OI or Conden		NATU	RAL GAS	e address to w	hich approve	l copy of this	form is to be se	nt)	
Name of Authorized Transporter of Oil MERIDIAN OIL INC.		Di Congen	(
Name of Authorized Transporter of Casing	head Gas		or Dry (ias 🔲	Address (Giv	e address to w	hich approved	copy of this	GTON , NM Orm is lo be se	87401 nu)	
EL PASO NATURAL GAS CON	IPANY					X 1492,		TX 7	9978		
If well produces oil or liquids, give lucation of tanks.	Unit	Suc.	Twp.	Rge.	is gas actuali	y connected?	When	1 7			
f this production is commingled with that f	rom any othe	r lease or	pool, give	comming	ing order num	ber:					
V. COMPLETION DATA											
Designate Type of Consulction		Oil Well	G	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	P.B.T.D.			
Date Spaceton											
Elevations (DF, RKB, RI, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations	L				I			Depth Casi	ng Shoe		
	T	JBING,	CASIN	IG AND	CEMENT	R CO	OF IV	EM			
HOLE SI∠E CASING & TUB						(PTH'SE	7 68 8 0		SACKS CEM	ENT	
					AUG2 3 1990						
						OIL CON. DIV.					
V. TEST DATA AND REQUES	T FOR A	LLOW	ABLE				DIST. 3	is doubt or be	for full 24 hou	ere l	
OIL WELL (Test must be after re Date First New Oil Run To Tank	Date of Test		of load o	il and musi	Producing M	lethod (Flow,)	ownp, gas lýt,	elc.)	jui jui 14 noi		
	T. 1' D.			Casing Pressure			Choke Size	Choke Size			
Length of Test	Tubing Pressure			Casing Prosant							
Actual Prod. During Test	Oit - Bbis.				Waler - Bbis.			Gas- MCF	Gas- MCF		
GAS WELL	L										
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensale/MMCF			Gravity of	Gravity of Condensate			
Enting Mathed (nited hack on)	Method (nitot back pr.) Tubing Pressure (Sinu-in)				Casing Pressure (Shut-in)			Clioke Size	Clioke Size		
					ļ						
VI. OPERATOR CERTIFIC				ICE	-	വഥവ	NSERV	/ATION	DIVISIO	NC	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above					OIL CONSERVATION DIVISION						
is true and complete to the best of my knowledge and belief.					Date Approved AUG 2 3 1990						
N. C.M.					Dali	Date Approved					
L.P. Whiley					∥ By_	By 3 Chang					
Doug W. Whaley, Staff Admin. Supervisor							SUPERV	ISOR DIS	STRICT #	3	
Printed Name			Title 830-4	200	Title)					
July 5, 1990 Date		Tel	830=4 cpikone N	400	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 with Rule 111.
- 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.