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

Energy, Minerals and Natural Résources Department

Form C-104 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 Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPA	NY							3003	PI No. 3907424	00		
Address P.O. BOX 800, DENVER,	COLORADO	80201										
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Ch Oil Casinghead G	ange in Tran	Gas		Othe	i (Please expl	ain)				,,	
f change of operator give name and address of previous operator												
I. DESCRIPTION OF WELL				- <u></u>				· ·			ase No.	
Lease Name SAN JUAN 28 7 UNIT	w				ng Formation AVERDE (	PRORATE	D GA	Kind o		l .	2xc 140.	
Location H Unit Letter	. 170	00 Fee	t Fron	The	FNL Line	and1	150	Fee	at From The	FEL	Line	
Section 16 Townshi	28N	Rar		7W		IPM,		RIO	ARRIBA		County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL	AND	NATU	RAL GAS							
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is so be sent)  3535 EAST 30TH STREET, FARMINGTON, NM 87401						
MERIDIAN OIL INC.  Name of Authorized Transporter of Casin	ghead Gas [	or l	Dry G	15						form is to be se		
EL PASO NATURAL GAS CO If well produces oil or liquids, give location of tanks.	MPANY				P.O. ROX 1492, EL PASO, Is gas actually connected? When				TX 79978			
f this production is commingled with that	from any other l	ease or pool	, give	commingl	ing order numb	er:						
Designate Type of Completion		Dil Well	Ga	s Well	New Well	Workover	D	æpen	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 Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations						· · · · · · · · · · · · · · · · · · ·				Depth Casing Slice		
	TU	BING, CA	SING	G AND	СЕМЕНТІ	NO PRICE	2 70	5 I	WE	n .		
HOLE SIZE		IG & TUBIN				DI KK 3E	, W	15 1	U 15-	S CKS CEM	ENT	
						A	UG2	3 19	90			
						OIL CON.				DIV.		
V. TEST DATA AND REQUE	ST FOR AL	LOWAB	LE	,			D)	ST. 3	denth or h	for full 24 ho	er )	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	volume of le	pad oil	and must	Producing M	ethod (Flow, )	pump, s	as lift, a	ic.)	i jor jail 24 nos		
Length of Test	Tubing Press.	Tubing Pressure				Casing Pressure				Choke Size		
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.				Gas- MCF			
Actual From During TV					<u> </u>				J			
GAS WELL Actual Prod. Test - MCF/D	Length of Test			Bbls. Condensate/MMCF				Gravity of	Gravity of Condensate			
									Choke Si			
l'esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)				Cloke 31	<b>~</b> 		
VI. OPERATOR CERTIFIC I hereby certify that the rules and reg	ulations of the O	il Conscrvati	ion	CE		OIL CO	NSI	ERV	AOITA	DIVISI	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 Approved AUG 2 3 1990							
NU Mely												
Signature Doug W. Whaley, Staff Admin. Supervisor					∥ By_	SUPERVISOR DISTRICT 13						
Printed Name  July 5, 1990 303-830-4280					Title	)	50	CHV		31 NICI	<u> </u>	
Date		Teleph	one N	5.	1							

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.