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

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

I.

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 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator							Well A	.PI No.			
Amoco Production Com	pany						3003	907431			
Address	D 000	D			0000:						
1670 Broadway, P. O. Reason(s) for Filing (Check proper box		Denver	, Col	orado		r (Please expla	uin)				
New Well		hange in Tr	ansporter	of:	[] Our	i ii ieuse expau	,				
Recompletion [Oil	α []	-								
Change in Operator	Casinghead C	Gas 🔲 Co	ondensate								
f change of operator give name indiaddress of previous operator. Te	nneco Oil	E & P,	6162	2 S. V	Villow,	Englewoo	d, Color	ado 8015	5		
I. DESCRIPTION OF WEL										· · · · · · · · · · · · · · · · ·	
case Name Well No. Pool Name, Includ								Lease No.			
SAN JUAN 28-7 UNIT		BL	ANCO	(MESA	AVERDE)		FEDE	RAL	SF07	7111	
Location B	. 1050) _		_ FNI	L Line	. 1850	_	FF	EL.		
Unit Letter	- :	Fe	et From	The Title	Line	and 1000	I e	et From The FI		Line	
Section 18 Town	thip 28N	R:	ange7W		, NI	APM,	RIO A	RRIBA		County	
III. DESIGNATION OF TRA	NSPORTER	OF OIL	AND !	NATUI	RAL GAS						
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
CONOCO				P. O. BOX 1429, BLOOMFIELD, NM							
Name of Authorized Transporter of Car		or	Dry Gai	X	l .			copy of this form		nt)	
EL PASO NATURAL GAS C		1-11			ls gas actually		EL PASO When	TX 7997	18		
If well produces oil or liquids, give location of tanks.	Unit Se	i _	wp. l_		L			· 			
t this production is commingled with the IV. COMPLETION DATA	at from any other	lease or poo	ol, give c	ommingli	ng order numb	×er:			,		
Designate Type of Completic		Oil Well	Gas	Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spirkled	Date Compl. Ready to Prod.				Total Depth			P.B.T.D.		. L	
Elevations (DF, RKB, RF, GR, etc.)	Name of Prod	lucing Form	ation		Top Oil/Gas Pay			Tubing Depth			
Perforations	_L			l				Depth Casing S	hoe		
}								' '			
	TU	BING, C	ASING	AND	СЕМЕЙТІІ	NG RECOR	D	,			
HOLE SIZE	CASI	IG & TUBI	NG SIZI	Ε		DEPTH SET		SAC	CKS CEMI	ENT	
V. TEST DATA AND REQU	EST FOR AL	LOWAB	LE		l			1			
OIL WELL (Test must be afte	r recovery of total	volume of	load oil a	ind must					full 24 hou	rs.)	
Dale First New Oil Run To Tank	Date of Test					thod (Flow, pu					
Local of Peace					Carina P			Choke Size			
Length of Test	Tubing Pressure				Casing Pressu	iic		Chore Size			
Actual Prod. During Test	Prod During Test Oil - Bbls.				Water - Bbls.			Gas- MCF			
The street street	Gii Bola.										
GAS WELL	t										
OAS WELL Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate			
								· · ·			
Testing Method (pilot, back pr.)	g Medical (pitot, back pr) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				•	
VI. OPERATOR CERTIF	CATE OF C	COMPL.	IANC	E				·			
I hereby certify that the rules and re					(JIL CON	12FHA	ATION D	IVISIC	N	
Division have been complied with a		-	above					•			
is true and complete to the best of n	iy knowledge and	ociici.			Date	Approve	d	- MAY 08	1000		
(h. L Hn.	notani	,						اس	1 .	•	
Signature 0.1000	The contract				By_		<u> </u>	λ), Θ	rem/		
J. L. Hampton	Sr. Staff			.v.			SUPE	AVISION D	ISTRIC	T#3	
Printed Name Janaury 16, 1989		303-83	ille 0-502	.5	Title						
Date			one No.								
					11						

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.