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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Brazas Rd., Aziec, NM 87410

State of New Mexico Energy, Minerals and Natural Resources Department

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

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

OIL	CONSI	ERV	ATION	DIV	1SIOI
		110	2000		

Santa Fe, New Mexico 87504-2088

1.	TO	TRA	NSP	ORT OI	L AND NA	TURAL G						
Operator Amoco Production Comp	Well API No.											
Address												
Reason(s) for Filing (Check proper box)	BOX 800,	neuve	er, t	olorad		cr (Please expl	ain)					
New Well	Ch	ange in	Ттапьро	rter of:		CI (I ICIDE EX)**	<i></i>					
Recompletion Change in Operator	Oil Casinghead Ga		Dry Ga Conden									
K danaga										·		
and address of previous operator 1en	neco Oil l	L & F	, 61	62 5.	Willow,	Englewoo	d, Colo	rado 80	0155			
II. DESCRIPTION OF WELL Lease Name			D1 M						· · · · · · ·			
SAN JUAN 28-7 UNIT	AVERDE)	FEDE	FEDERAL (ease No.							
Location	В3	3	2211110	(1111				IVIL	000			
Unit Letter A	:800		Feet Fr	om The FN	L Line	and 900	990 Fe	et From The	FEL	Line		
Section 13 Townshi	_P 28N		Range7	W	, Ni	мрм,	RIO A	RRIBA		County		
III. DESIGNATION OF TRAN				D NATU					,			
Name of Authorized Transporter of Oil CONOCO	C or	Condens	ale	ķ.	1	e address to wi V 1720				nt)		
CONOCO P. O. BOX 1429, BLOOMFIELD, NM 87413 Name of Authorized Transporter of Casinghead Gas or Dry Gas [X] Address (Give address to which approved copy of this form is to be sent)												
EL PASO NATURAL GAS CO	MPANY				Р. О. ВО	X 1492,			978			
If well produces oil or liquids, give location of tanks.	Unit Sec	c. [Twp.	Rge.	is gas actually	y connected?	When	7				
If this production is commingled with that	from any other le	case of p	ool, giv	e comming	ling order num	per:						
IV. COMPLETION DATA					1 11 11/11				10 B :	heza n		
Designate Type of Completion		il Well	10	ias Well	New Well	Workover	Deepen	Plug Back 	Same Res'v	Diff Res'v		
Date Spudded	Date Compl. R	: Compl. Ready to Prod.			Total Depth			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Gas I	Pay		Tubing Depth				
Perforations					Depth Casing Shoe							
<u> </u>								<u> </u>				
TUBING, CASING AND							610/0 05/15/17					
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT				
	İ											
L V. TEST DATA AND REQUES) ST FOR ALL	.OWA	RLE		l			J				
OIL WELL (Test must be after r				il and must	be equal to or	exceed top allo	wable for this	depth or be	for full 24 how	·s.)		
Date First New Oil Run To Tank	Date of Test				Producing Me	thod (Flow, pu	mp, gas lýt, e	tc.)				
Length of Test	Tubing Pressure			Casing Pressure			Choke Size					
congor or rear	Tubing Pressure			Charles / Icosofic								
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF					
GAS WELL	J				1			1				
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	sate/MMCF		Gravity of	outenme			
						•						
lesting Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size					
VI. OPERATOR CERTIFIC	ATE OF CO	OMPI	IAN	CE								
I hereby certify that the rules and regulations of the Oil Conservation					OIL CONSERVATION DIVISION MAY 08 1999							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.					D-1	A		MAY UN	JUNG			
1 11	-				Date	Approve	<u> </u>	1) 6	1	<u></u>		
J. J. Stampton					By_		-	~ /, 😊	- 	:#3		
Signature J. L. Hampton Sr. Staff Admin. Suprv.					-		SUPER	V1310N	DISTRICT	L.U.Z		
Printed Name Tatle Janaury 16, 1989 303-830-5025					Title.							
Date 10, 1989			hone No									

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.