Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

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

State of New Mexico

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST	FOR ALLO	WAB	LE AND AUTHORIZ	ZATION				
l.	TO TI	RANSPORT	OIL	AND NATURAL GA	\S				
Perator						Well API No.			
Amoco Production Comp		3003920589							
Address 1670 Broadway, P. O.	Box 800, Der	nver, Colo	rado						
Reason(s) for Filing (Check proper box)			c.	Other (Please expla	iin)				
New Well Recompletion	٠,	e in Transporter o	i:						
Recompletion L	Oil Casinghead Gas		ñ						
change in of the contract of t				illow, Englewoo	d, Color	ado 801	55		
II. DESCRIPTION OF WELL Lease Name	AND LEASE	io. Pool Name.	Includin	g Formation			Le	ase No.	
SAN JUAN 28-7 UNIT 189 BASIN (DAKO				· .	RAL NM012335				
Location Unit Letter A	: 1180	Feet From 1	he FNI	Line and 1180	Fee	t From The	EL	Line	
Section 35 Towns	hip 28N	Range 7W		, NMPM,	RIO A	RRIBA		County	
III. DESIGNATION OF TRA	NSPORTER OF	OIL AND N	ATUI	RAL GAS	hick approved	conv of this for	m is to he see	u)	
Name of Authorized Transporter of Oil or Condensate				Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1429, BLOOMFIELD, NM 87413					
	ONOCO Transporter of Casinghead Gas or Dry Gas X				Address (Give address to which approved copy of this form is to be sent)				
	arme of Authorized Transporter of Casinghead Gas				P. O. BOX 1492, EL PASO, TX 799				
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp.	Rge.	Is gas actually connected?	When				
If this production is commingled with the IV. COMPLETION DATA	t from any other lease	or pool, give co	mmingli	ng order number:					
	on v	Vell Gas V	Vell	New Well Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion				ll	L	, <u></u> . J.		L	
Date Spudded	Date Compl. Read	ly to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay	Tubing Depth				
Perforations						Depth Casing	Shoe		
				CENTENC BECOR		<u> </u>			
				CEMENTING RECOR		I	ACKS CEM	 :NT	
HOLE SIZE	CASING	TUBING SIZE		DEPTH SET			10110 00		
V, TEST DATA AND REQUI	EST FOR ALLO	WABLE							
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	wne of load oil a	nd must	he equal to or exceed top all Producing Method (Flow, p.			r Juli 24 hou	rs.)	
Length of Test	Tubing Pressure		Casing Pressure	Choke Size					
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.	Gas- MCF				
GAS WELL									
Actual Prod. Test - MCI/D	Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate					
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size				
VI. OPERATOR CERTIFI Thereby certify that the rules and reg Division have been complied with a	gulations of the Oil Co	enscryation	E	OIL COI	NSERV	ATION [DIVISIO	DN .	
is true and complete to the best of m	y knowledge and belie	cf.		Date Approve	ed	IAY OR I	nad		
J. L. Hampton				By Buch) Chang					
Printed Name	Sr. Staff Ad	min. Supr	y	Title	SUPERV	ISION DI	tolate	7 8	
Janaury 16, 1989	30	3-830-502 Telephone No.	5	line					

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.