Subnut 5 Copies
Appropriate District Office
DISTRICT I
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 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

·	T	O TRA	NSP	ORT OIL	AND NAT	URAL	<u>GAS</u>	TTW/ADT				
Sperator AMOCO PRODUCTION COMPANY									Well API No. 300392062400			
Address		2020	11									
P.O. BOX 800, DENVER, (Reason(s) for Filing (Check proper box)		0020	7.1		Othe	(Please	explain)					
New Well	Oil	Change in	Pranspo Dry Ga									
Recompletion L_S Change in Operator [_]												
change of operator give name	Casinghead		Conden									
nd address of previous operator	NDIEA	CE.										
I. DESCRIPTION OF WELL A Lease Name SAN JUAN 28 7 UNIT		Well No. Pool Name, Includin 193 BASIN DAKO				ATED	GAS)	Kind of State, Fe	Lease ederal or Fee	1.4	ase No.	
Location M Unit Letter	915 Feet From The				FSL Line and 1170) Feet	Foet From The FWL Line			
Section 28 Township	28N		Range	7W	, NMPM,		RIO ARRIBA			County		
II. DESIGNATION OF TRAN	SPORTE	OF O	IL AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil		or Conde	nsate		Address (Giv							
MERIDIAN OIL INC. Name of Authorized Transporter of Casinghead Gas or Dry Gas						3535 EAST 30TH STREET, FARMINGTON, NM 8746 Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS CO	MPANY	Sec.	Twp.	Rge.	P.O. BOX 1492, EL.			PASO,	PASO, TX 79978			
If well produces oil or liquids, give location of tanks.	ii		ll					_i				
If this production is commingled with that i	rom any other	r lease or	pool, giv	ve comming!	ling order num	er:					·	
IV. COMPLETION DATA		loii Wel		Gas Well	New Well	Worko	ver	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	i	i_		İ	İ				L		
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			
l'erforations	L								Depth Casin	g Slice		
TUBING, CASING AND						NG R	OR	PE	WE	11)		
HOLE SIZE	CASING & TUBING SIZE				DEPT LET LE				n 0 136	CKE CEM	ENT	
						E	7 W	11G2 3	12 3 1990			
								~~\\	, DIA	·		
V. TEST DATA AND REQUE	TEODA	TLOW	ARIF		J		_QII	CON	A. DIA			
V. TEST DATA AND REQUES OIL WELL (Test must be after t	ecovery of to	tal volum	of load	oil and mus	i be equal to or	exceed t	op allow	me for this	depth or be	for full 24 hos	ers.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, et				c.)		•	
Length of Test	Tubing Pressure				Casing Pressure				Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF			
GAS WELL					<u> </u>				TV1	Tanada and a		
Actual Prod. Test - MCF/D	Length of Test				Bbls. Condensate/MMCF				Gravity of Condensate			
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-In)				Casing Presi	Casing Pressure (Shut-in)				Choke Size		
VI. OPERATOR CERTIFIC	ATE OF	COM	PLIA	NCE		חוו ר	CONI	SERV	MOITA	DIVISI	ON	
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 a	nd belief.		-	Dati	a Ann	roved	A	UG 231	1330		
NU alla						, ,		7	d			
Signature Doug W. Whaley, Staff Admin. Supervisor						SUPERVISOR DISTRICT #3						
Printed Name			Title		Title	-						
July 5, 1990			=830=		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 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.