Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

1.	10	O THAN	SPORT OIL	AND NA	UHALGA		DI ME			
perator Amoco Production Company				Well API No. 3003921329						
Address 1670 Broadway, P. O. E	Box 800,	Denver	, Colorad	o 80201						
Reason(s) for Filing (Check proper box)				Othe	r (Please expli	ain)				
New Well	c	hange in Tra	insporter of:							
Recompletion []	Oil	[] Di	y Gas []							
Change in Operator	Casinghead (Gas 🗌 Co	ondensate [
If change of operator give name and address of previous operator Tenn	eco Oil	E & P,	6162 S.	Willow, 1	Englewoo	d, Colo	rado 80	155		
II. DESCRIPTION OF WELL			-1 No 1 1 1 1	E			·		ase No.	
Lease Name	1 1				I				1	
SAN JUAN 28-7 UNIT	134 BASIN (DAKO			TA) FEDI			RAL SF078415			
Location		_		_				****		
Unit Letter K	:1460	<u>0</u> Fe	et From The FS	L Line	and 1840	Fe	et From The .	FWL	Line	
Section 21 Township	28N	Ra	inge 7 W	, NN	IPM,	RIO A	RRIBA		Соилту	
III. DESIGNATION OF TRANS					address to w	hick approved	conv of this f	orm is to be se	nt)	
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)										
CONOCO Name of Authorized Transporter of Casinghead Gas or Dry Gas X				P. O. BOX 1429, BLOOMFIELD, NM 87413 Address (Give address to which approved copy of this form is to be sent)						
EL PASO NATURAL GAS CON	1PANY			P. O. BO	X 1492.	EL PASO	TX 79	9978		
	Unit Sec. Twp. Rge. is gas actually connected?				When	When ?				
give location of tanks.	i	L	1							
If this production is commingled with that f IV. COMPLETION DATA	rom any other	lease or poo	i, give commingl	ing order numb	er:					
IV. CONFECTION DATA		OH W/-II	Gas Well	New Well	Worksuse.	I Danne	Diug Dack	Cuma Pac'y	Diff Res'v	
Designate Type of Completion		Oil Well	i Car Well	I WEM MEIL I	WORKOVEF	1 Deeben	Plug Back	joanne Kes v I	Ditt Kesv	
Date Spudded	Date Compl.	Ready to Pr	od.	l'otal Depth		<u></u>	P.B.T.D.	l	_	
levations (DF, RKB, RT, GR etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations							Depth Casin	g Shoe		
		IDING C	A CINIC AND	CEMENTIN	IC DECOR	<u> </u>	·			
		·	ASING AND				ı—:			
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT			
	ļ									
l V. TEST DATA AND REQUES	T EOD AT	LOWAD		·			J			
OIL WELL (Test must be after re				ha anual ta ar	exceed too all	aurabla for thi	danth or he	Cor full 24 hour	rr l	
Date First New Oil Run To Tank	Date of Test	i voiume oj i	oaa ou ana musi		thod (Flow, pi			or jul 24 now	3.7	
Date Fire New Oil Rull to Talk	Date of Test			Troducing the	u.ou (, ,ow, p.	±,4,8∞ .3,, c	,			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
				Water - Bbls.			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Marct - Doir						
GAS WELL	·									
Actual Prod. Test - MCF/D	Length of Ter	<u> </u>		Bbls. Conden	ate/MMCF	1 . 1 . 1 .	Gravity of C	ondensate		
·							ļ ·	**		
Testing Method (pilot, back pr)	Tubing Pressure (Shut-in)			Casing Pressu	re (Shut-in)		Choke Size	~~~~ ·		
VI ODEDATOR CERTICIC	ATE OF C	COMPLI	ANCE	\			J			
VI. OPERATOR CERTIFICATE OF COMPLIANCE					OIL CON	ISERV	ATION	DIVISIO	N	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				n , , ,						
is true and complete to the best of my knowledge and belief.				Date Approved MAY 08 1000						
J. L. Hamoton										
Signature				By But) Gillen						
J. L. Hampton Sr. Staff Admin. Suprv.					8	upervis	ion dis	IRICT#	3	
Janaury 16, 1989 303-830-5025				Title.						
Date		Telepho	one 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.