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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

Santa Fe, New Mexico 87504-2088

l,		IO IHA	MSP	OHIOI	- AND NA	TURAL G						
Operator Among Production Company						Well API No.						
Address						3003921651						
1670 Broadway, P. O.	Box 800	, Denv	er, (Colorad	o 80201							
Reason(s) for Filing (Check peoper box)						er (Please expl	ain)					
New Well	0.1	Change in	•	1-3								
Recompletion [] Change in Operator []	Oil Casinghead		Dry Ga	,								
(shape of manufacture since some			-			E1	1 0 3					
and address of previous operator <u>ren</u>	neco UI.	LEA	P, 6.	162 5.	Willow,	Englewoo	d, Colo	rado 80)155			
I. DESCRIPTION OF WELL	AND LEA							<u>.</u>				
Lease Name Well No. Pool Name, Including SAN JUAN 28-7 UNIT 248 BASIN (DAKO)							CEDE	FEDERAL		Lease No. SF078502		
Location		240	PHOTI	(DAKC	'IN)		F EDE.	NAL	5107	0302		
R	. 118	80	Dan G	om The FN	L Lin	e and 1610	r.	et From The	FEL	Line		
						Line and Peet Profit I				æ		
Section 18 Townshi	28N		Range	7 W	<u>, N</u>	мрм,	RIO A	RRIBA		County		
III - DESIGNATION OF TRAN	icpopre	D OE O	II ANI	D NATE	DAL CAS							
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	GOLORIES	or Conden				e address to w	hich approved	copy of this j	form is to be se	ent)		
CONOCO STANDARD OF CONOCO STANDA						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 COMPANY If well produces oil or liquids, Unit Soc. Twp.						P. O. BOX 1492, EL PASO, TX 79978 Is gas actually connected? When ?						
If well produces oil or liquids, give location of tanks.	Unit I	30C.	Twp.	į Kge.	ts gat actuall	y connected?	When	r				
f this production is commingled with that	from any other	er lease or	pool, giv	ve comming	ling order num	ber:						
V. COMPLETION DATA		-,			-,		.,					
Designate Type of Completion	- (X)	Oil Well	- [(Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Comp	l. Ready to	Prod.		Total Depth	L	1	P.B.T.D.	.1	_l		
(, ···										
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth				
Perforations								Dank Garage				
i cirorations								Depth Casii	uR 2110¢			
· · · · · · · · · · · · · · · · · · ·	т	UBING	CASI	NG AND	CEMENTI	NG RECOR	D.	!				
HOLE SIZE	- 1	SING & TL	· ·- · ·		1	DEPTH SET			SACKS CEM	ENT		
	1											
V. TËST DATA AND REQUE	ST FOR A	LLOW	ABLE		J			J				
IL WELL (Test must be after i	recovery of to	ial volume							for full 24 hou	vs.)		
Date First New Oil Run To Tank	Date of Tes	1			Producing M	ethod (Flow, pi	υπφ, gas lýt, e	ic.)				
Length of Test	Tuhing Pres	Tubing Pressure			Casing Pressure			Choke Size				
CONTRACTOR	l some ries	Tuong ticssuic			Carrie Liceanie							
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF				
	1				<u> </u>			1				
GAS WELL												
Actual Prod. Test - MCF/D Length of Test					Bbls. Condensate/MMCF			Gravity of Condensate				
esting Method (puot, back pr.) Tubing Pressure (Shut-in)					Casini ti	Casing Pressure (Shut-in)			Citale Size			
esting Method (pitot, back pr.)	ruoing rite	ionic (Mill)	. a.,		Casing riess	are (SHIUL-III) ,		CHURCONE.		7.		
VI. OPERATOR CERTIFIC	ATE OF	COMP	IIAN	JCF	1			<u> </u>				
I hereby certify that the rules and regul				·CL	(DIL CON	ISERV	NOITA	DIVISIO	N		
Division have been complied with and that the information given above												
is true and complete to the best of my	knowledge an	d belief.			Date	Approve	d	AY na	1000	*** *		
Chi L Ham stand							17	iedi di C	PKP			
Signature Signature					By_	By 3 1						
J. L. Hampton Sr. Staff Admin. Suprv.						Title SUPERVISION DISCOUNT # 3						
Printed Name Title Janaury 16, 1989 303-830-5025					Title		AAL WAT	STON DI	SE SOT#	3		
Date			phone N									

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.