Submut 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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TOTA	ANSPO	ORT OIL	AND NAT	URAL GA	S	er Nio				
perator AMOCO PRODUCTION COMPANY					Well API No. 300392169100						
ddress P.O. BOX 800, DENVER,	COLORADO 802	201									
cason(s) for Liling (Check proper box) ew Well ecompletion	Change	ig/Transpor	. 🗀	Other	(Please explo	in)					
hange in Operator	Casinghead Gas	Condens	sate								
change of operator give name d address of previous operator											
. DESCRIPTION OF WELL rase Name SAN JUAN 28 7 UNIT	AND LEASE Well No. Pool Name, Including BASIN DAKOT				ATED GAS	. 1	Kind of Lease Lease No. State, Federal or Fee				
ocation D	936	Feet Fro	om The	FNL Line	99	O Fee	t From The _	FWL	Line		
Unit Letter	hip 28N	28N - 7W			, NMPM, RIO				County		
I. DESIGNATION OF TRA	NSPORTER OF	OIL AN	D NATU	RAL GAS							
Name of Authorized Transporter of Oil MERIDIAN OIL INC. Name of Authorized Transporter of Cas	or Con	densate or Dry		3535 EA Address (Give	ST 30TH address to w	STREET, hich approved	FARMING this fo	FON , NM rm is to be se	87401		
EL PASO NATURAL GAS C f well produces oil or liquids, ive location of tanks.	Unit Soc.	Twp.	Rge.	P.O. BO	connected?	EL PASO, When	TX 79	978			
this production is commingled with the	at from any other lease	or pool, giv	ve comming	ing order numb	ег:						
V. COMPLETION DATA	Oit V	Vell (Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v		
Designate Type of Completion - (X) Date Compl. Ready to Prod.			Total Depth		l	P.B.T.D.		_1			
Tate Spudded	Date Comp. Ready to From										
evations (DF, RKB, RF, GR, etc.) Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth				
erforations							Depth Casin	g Shoe			
	TUBIN	IG, CASI	NG AND	CEMEN'TI	NG RECO	D.			(FA)T		
HOLE SIZE	CASING & TUBING SIZE			D'ESFIA			SACKS CEMENT				
								שר			
					AUG	2 3 1990	'\ <u></u>				
V. TEST DATA AND REQU	EST FOR ALLO	WABLE	Ξ ,	<u> </u>	OIL C	ON. D	IV.j				
OIL WELL (Test must be after	er recovery of total vol	ume of load	oil and mus	Producing M	exceed the	1197le 3 dhi ownp, gas lift, d	s depth or be etc.)	for full 24 ho	urs.)		
Date First New Oil Run To Tank	Date of Test			Troubeing							
Length of Test	Tubing Pressure	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oit - Bbls.	Oit - Bbls.			Water - Bbls.			Gas- MCF			
GAS WELL							Gravity of	Condensate			
Actual Prod. Test - MCI/D	Length of Test	Length of Test			Bbis. Condensate/MMCF						
lesting Method (pitot, back pr.)	Tubing Pressure	Tubing Pressure (Shut-in)					Choke Size				
VI. OPERATOR CERTIF Thereby certify that the rules and r	FICATE OF CO	MPLIA	NCE		OIL CO	NSERV	'ATION	DIVISI	ON		
Division have been complied with is true and complete to the best of	and that the informatio	n given abo	ove	Dat	e Approv	ved	NUG 2 3	1990			
D. D. Shley				Ву	By But Chang						
Signature Uoug W. Whaley, Staff Admin. Supervisor Finted Name Title				TitleSUPERVISOR DISTRICT #3							
July 5, 1990	3	03-830- Telephone	-4280 c 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.