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

State of New Mexico Energy, Mineral's and Natural Resources Department

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

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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.		TO THA	11125	OH I OIL	- AND IVA	TUHALG	AS T		ъ. г.			
Operator Among Production Company						Well API No.						
Amoco Production Company						3003921912						
1670 Broadway, P. O.	Box 800), Denv	er, (Colorad	o 80201	l						
Reason(s) for Filing (Check proper box)						ct (Please expl	lain)					
New Weil		Change in		(
Recompletion	Oil		Dry Ga									
Change in Operator X If change of operator give name Trans		ad Gas										
and address of previous operator Ten	neco Oi	1 E &	P, 6	162 S.	Willow,	Englewoo	od, C	Color	ado 80	0155		
II. DESCRIPTION OF WELL	AND LE	ASE										
ease Name Well No. Pool Name, Includ										i i	Lease No.	
SAN JUAN 28-7 UNIT	UNIT 55A BLANCO (MES					AVERDE)			FEDERAL		9289	
Location	14	¥60		FS	T.	990				FFI		
Unit Letter	_ :		_ Feet Fr	om The	L Lin	e and		Fo	et From The	LET	Line	
Section 12 Townshi	Section 12 Township 28N Range 7W				, NMPM, RIO AF				RRIBA County			
7,000,41	P											
III. DESIGNATION OF TRAN	ISPORTE	or Conde		D <u>NATU</u>								
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)											
CONOCO	P. O. BOX 1429, BLOOMFIELD, NM 87413 Address (Give address to which approved copy of this form is to be sent)											
Name of Authorized Transporter of Casin EL PASO NATURAL GAS COL	P. O. BOX 1492, EL PASO, TX 79978						tru j					
If well produces oil or liquids,		Sec.	Twp. Rge.		Is gas actually connected?			When 7				
give location of tanks.	i	i	<u> </u>	i			i					
If this production is commingled with that	from any of	her lease or	pool, giv	e comming	ling order num	ber:						
IV. COMPLETION DATA							_,					
Designate Type of Completion	- (X)	Oil Well	' ! '	Gas Well	New Well	Workover	Dec	epen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pl. Ready to	Prod		Total Depth	I	J	I	PRTD	l		
Date Sprance	Date Con	ija. Kesary ii	J 1 104						P.B.T.D.			
Elevations (DF, RKB, RF, GR, etc.)	Name of I	Producing F	omation		Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth			
Perforations									Depth Casin	ig Shoe		
1												
TUBING, CASING AND									, . 			
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
V. TEST DATA AND REQUES	ST FOR A	ALLOW	ABLE		4							
OIL WELL (Test must be after r	ecovery of t	otal volume	of load	oil and must						for full 24 hou	urs.)	
Date First New Oil Run To Tank	Date of Te	est			Producing M	ethod (Flow, p	ump, ga	is lift, et	ic)			
Length of Test	Tukin Di	Tubing Praymen				Casing Pressure				Choke Size		
tengui (a Test	1 uoing 170	Tubing Pressure				Casing Tressure						
tual Prod. During Test Oil - Bbls.					Water - Bbls.				Gas- MCF			
-												
GAS WELL					*							
Actual Prod. Test - MCI/D	Length of	Test			Bbls. Conder	sate/MMCF			Gravity of G	Condensate		
									-4+ '4-63 Mb.2*			
testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size				
	.				,				J			
VI. OPERATOR CERTIFIC				ICE		711 COM	JCE	D//	אחודע	חואוכות	ואכ	
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			. ii aUUVC	•	D-1	. Annua::-	· al		MAY 08	1000		
111					Date	Approve	:0 		\ ~) /		
J. J. Stampton					D.,		à		· .	y		
Signature					By_		SUP	ERV	ISION D	ISTRICT	#3	
J. L. Hampton Sr Proted Name	Staf	I Admii	n⊾ Su Tide	prv	Title							
Janaury 16, 1989			830-5		Title		~		-,,-			
Date		Tele	phone N	ko.	11							

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 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.