Submit 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., Aztec, NM 87410	REOL	JEST F	OR AL	LOWAE	BLE AN	ND AUT	HORIZ	ZATION				
1.				ORT OIL				\S				
Operator Among Braduction Company						Well API No.						
Amoco Production Company						3003921913						
Address 1670 Broadway, P. O.	Box 800	, Denv	er, C	Colorad	0 80	201 Other (Plea	Ace evala	in)				
Reason(s) for Filing (Check proper box) New Well		Change in	Transco	orter of:		Just (File	ше ехріа	inj				
Recompletion [ ]	Oil	_ ,	Dry Ga									
Change in Operator		d Gas		,								
					Willo	u Engl	l ovice	d Color	rado 80	155		
and address of previous operator 1811	neco or	1 6 0	1, 01	102 3.	W1110	w, Engl	Lewood	1, 0010	1400 00	133		
II. DESCRIPTION OF WELL						- Fdisa				Lease No.		
Lease Name SAN JUAN 28-7 UNIT		Well No.   Pool Name, Includi 56A BLANCO (MES			-				ERAL 000			
Location		l	· <b>L</b>									
Unit Letter	_ :91	5	Feet Fr	om The FN	L	_ Line and .	1700	Fe	et From The	FWL	Line	
Section 13 Townshi	28N		Range <sup>7</sup>	7 W		, NMPM,		RIO A	RRIBA		County	
III DECICNATION OF TRAN	JCPADTE	D OF O	II AN	D NATU	RAL C	:AS						
I. DESIGNATION OF TRANSPORTER OF OIL AND NATU  ame of Authorized Transporter of Oil or Condensate CONOCO					Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1429, BLOOMFIELD, NM 87413							
ame of Authorized Transporter of Casinghead Gas or Dry Gas [X					Address (Give address to which approved P. O. BOX 1492, EL PASO				copy of this form is to be sent)			
EL PASO NATURAL GAS CO  If well produces oil or liquids,		Sec.	Twp.	Rge.	+	ctually coun		When		978		
give location of tanks.	İ	J	.l	_l	<u> </u>							
If this production is commingled with that IV. COMPLETION DATA	from any od											
Designate Type of Completion	- (X)	Oil Wel	۱ <u> </u> ۱	Gas Well	New '	Well   Wor	kover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		pi. Ready i	o Prod.		Total D	eliqu 		L	P.B.T.D.		.1	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay				Tubing Depth			
Perforations	.L				1				Depth Casin	g Shoe		
					==.=							
NOIE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT		
HOLE SIZE		CASING & TUBING SIZE				OCI III OCI						
			75175		l				J			
V. TEST DATA AND REQUE							d an alla	umble for the	e dansk ar ha i	Coe Gall 24 hou	re l	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Te		oj ioaa	ou ana musi				mp, gas lýt,		or just 14 nou	73.)	
Length of Test	Tubing I't	Tubing Pressure				Casing Pressure				Choke Size		
Actual Prod. During Test	Oil - Bbls	Oil - Bbls.				Water - Bbis.				Gas- MCF		
	.]				<u> </u>				J			
GAS WELL											<u>.</u>	
Actual Prod. Test - MCF/D	Length of	Length of Test				Bbls. Condensate/MMCF			Gravity of Condensate			
Testing Method (pitot, back pr.)	Tubing Pr	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	CATE O	F COM	PLIAN	NCE		O!!	$CO^{k}$	ICEDV	ATION!	חווופוכ	M	
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					[	Date Ap	prove	d	MAY 08	idud		
J. L. Hampton						3.1) Aun/						
Signature	r. Staf		n. Sı	ıpry		Ву		SUPERV	ISION D	STRICT	# 3	
Pointed Name Janaury 16, 1989			Title 830-5	-	7	Γitle						

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

Date

- 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.

Telephone No.

- 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,