Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 Energy, Minerals and Natural Resources Department

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

## 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

		TO TRA	NSP(	ORT OIL	AND NA	TURAL G	AS				
Operator AMOCO PRODUCTION COMPANY						Well API No. 300392243600					
Address P.O. BOX 800, DENVER,	COLORAD	0 8020	1								
Reason(s) for Filing (Check proper box)  New Well  Recompletion  Change in Operator	Oth	es (Please expl	ain)								
f change of operator give name and address of previous operator											
I. DESCRIPTION OF WELL	AND LEA	SE									
Lease Name SAN JUAN 28 7 UNIT		Well No. 231E			ng Formation TA (PROF	RATED GAS		of Lease Federal or Fee	1	ase No.	
Location K Unit Letter	: Feet From The				FSL Line andFoot From				rom The FWLLine		
Section 16 Townshi	winship 28N Range 7W			NMPM, RIO ARRIBA					County		
III. DESIGNATION OF TRAN		R OF O		D NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Conden			Address (Give address to which approved copy of this form is to be sent)						
MERIDIAN OIL INC.  Name of Authorized Transporter of Casin	ghead Gas		or Dry	Gas [	Address (Giv	AST 30TH e address 10 w	STREET,	FARMING topy of this for	OTON NM orm is to be se	<del>87401</del> − ພ)	
EL PASO NATURAL GAS CO					P.O. BO	X 1492,	EL PASC	TX 79			
If well produces oil or liquids, give location of tanks.	Unit		Twp.	Rge.	l	y connected?	When	. 7			
f this production is commingled with that	from any oth	er lease or	pool, gi	ve comming	ing order num	ber:					
Designate Type of Completion	- (X)	Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded					Total Depth	1		P.B.T.D.	· · · · · · · · · · · · · · · · · · ·		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Dep	Tubing Depth		
Perforations					L			Depth Casir	ig Slice		
					- <del></del>			NO TO TO	<u> </u>	· · · · · ·	
HOLE SIZE		TUBING, CASING AND CASING & TUBING SIZE				DE TO S	CE	AR	CKS CEM	ENT	
					UN AUG2 3 19			1990 -	90		
							AUGZU	- 50/			
	+					0	L COP	I DIV			
V. TEST DATA AND REQUE	ST FOR	ALLOW	ABLE				DIST	. 3	for full 24 hou	er l	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of To		of load	oil and mus	Producing N	lethod (Flow, p	pump, gas lift,	elc.)	jor juli 24 nos		
Length of Test	Tubing Pr	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF			
GAS WELL								_1			
Actual Prod. Test - MCT/D	Length of	Length of Test			Bbls. Condensate/MMCF			Gravity of Condensate			
	- Walter 6:	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
Testing Method (pitot, back pr.)											
VI. OPERATOR CERTIFIC  Thereby certify that the rules and reg  Division have been complied with an	lations of th	c Oil Consc	rvation			OIL CO		ATION AUG 2 3	DIVISIO	NC	
is true and complete to the best of my					Dat	e Approv			1 /		
LI. Whiley					Ву	By But) Chang					
Doug W. Whaley, Staff Admin. Supervisor Printed Name Title					Title	e	SUPER	IVISOR D	STRICT	<i>‡</i> 3	
July 5, 1990		303-	830=	4280 No.		_					

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.