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

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

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 III 1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	Т	O TRAI	NSP	OHI	OIL	AND NAT	UHAL GA	10	Well Al	II No			
)perator													
Amoco Production Compa		3003922626											
Address 1670 Broadway, P. O. B	018 x0	Denve	r.	Colo	rado	80201							
Reason(s) for Liling (Check proper box)			-,			Othe	(l'lease expla	zin)					
Reason(s) for tiling (Check proper box)		Change in	Transp	orter of									
Recompletion []	Oil		Dry G										
Change in Operator	Casinghead	Gas 🗌	Conde	ensute	[]								
Change of operator give name	eco Oil	E & 1	2. 6	162	s. V	Villow, I	nglewoo	d,	Color	ado 80	155		
In adole we can be caused a classical account.													
I. DESCRIPTION OF WELL	AND LEA	SE	n 1	Nama I	· · ·	e Eurostica			7		La	ase No.	
Lease Name	Name, Including Formation					FEDER	AL	SF07	7123				
SAN JUAN 28-7 UNIT	l	194E	PASI	IN (D	ARU	<u> </u>			<u> </u>				
Location f	. 16	70	F 1	C 71	.FS	LLine	and 1060		Fee	t From The	FEL	Line	
Unit Letter	. :		l-eet 1	riom ir									
Section 21 Township	28N		Range	e7W		, NA	IPM,		RIO AF	RIBA		County	
HI. DESIGNATION OF TRAN	SPORTE	R OF O	IL A	ND N	ATU	RAL GAS	address to w	hich	anneaved	copy of this fe	orm is to be se	nt)	
Name of Authorized Transporter of Oil	\Box	or Conden	sale	X.		Votices form	X 1429,						
CONOCO		[or D.	ry Gas	V	Address (Give	address to w	hich	approved	copy of this f	orm is to be se	nt)	
Name of Authorized Transporter of Casing	gread Oat MDANV		U. D.	.,	سما	P. O. BO	X 1492,	ΕI	PASO	TX 79	978		
EL PASO NATURAL GAS CO! If well produces oil or liquids,	Unit	Sec.	Twp.		Rge.	is gas actually connected?			When				
give location of tanks.	i i		i	_i		<u></u>							
If this production is commingled with that	from any oth	er lease or	pool,	give con	nmingl	ing order numi	жr:						
IV. COMPLETION DATA								-,-		-12-1	la 8 2	by or news	
		Oil Well		Gas V	/ell	New Well	Workover	!	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion		.	l			Total Depth	L			P.B.T.D.	J	_1	
Date Spudded	Date Com	pl. Ready to	o Prod			rom Depui				1.5.1.0.			
talente in the same and the same and	Name of I	roducing E	omai	00		Top Oil/Gas	Pay			Tubing Der	rth		
Elevations (DF, RKB, RF, GR, etc.)	Name of I	renocing I	V) (LIMI)	MI		'	-						
Perforations						L				Depth Casi	ng Shoe		
										<u> </u>			
		TUBING	, CA	SING	AND	CEMENTI	NG RECO	RD					
HOLE SIZE		SING & T					DEPTH SE	<u>T</u>			SACKS CEM	IENI	
	1												
						·							
	100 100	ittai	1 157	· · · · ·		J	·			J			
V. TEST DATA AND REQUE OIL WELL (Test must be after	STFOR	ALLOW	ABL	rCr ad oil as	ed mee	t he equal to a	r exceed too a	llom	able for the	is depth or be	for full 24 ho	ωrs.)	
	Date of To		oj ioc	aa vii di		Producing N	lethod (Flow.	puny	p, gas lýt,	etc.)			
Date First New Oil Run To Tank	Date of 1	: o4					,						
Length of Test	Tubing Pr	essure				Casing Press	sure			Choke Size	:		
Longar St. 1805		-											
Actual Prod. During Test	Oil - Bbls					Water - Bbl	L			Gas- MCF			
GAS WELL													
Actual Prod. Test - MCF/D	Length of	lest				Bbls. Conde	nsate/MMCF	:		Gravity of	Condensate		
								-		Choke Siz			
lesting Method (pilot, back pr)	Tubing P	ressure (Sh	ul·in)			Casing Pres	sure (Shut-in)			Choke Siz	c		
_	_					_ \							
VI. OPERATOR CERTIFIC	CATEO	F COM	PLL	ANC	E			MI	SERV	ΑΤΙΩΝ	DIVISI	ON	
I harshy certify that the rules and rest	ulations of th	e Oil Cons	crvatic	on:		11	OIL OC	N A	JLI1 V	ALION	, J, 1101	J.,	
Division have been complied with an	d that the inf	ormation g	iven al	bove		_			21.6	V A 0 40	00		
is true and complete to the best of my	knowledge	and venel.				Dat	e Approv	ved	MA	Y NR 10			
(1 1 21.	ot	- ,					_	-		1	/		
	pla	w_				Ву		٥.	ر بر	بعدائن ا	⋠		
Signature J. L. Hampton	Sr. Sta	ff_Adm	in.	Supr	.v.	'	\$	UP	ERVIS.	ION DIS	rrict#	3	
Printed Name			Tit	lle		Titl							
Janaury 16, 1989				0-502 one No.	.ə								
Date		1	гифио	me ivo.									

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
- 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.

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DISTRICT 1
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 DÍVISION

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

I.	REQ						AUTHOR		l			
Operator								Wel	I API No.			
AMOCO PRODUCTION COMPA	NY							30	0392262600			
P.O. BOX 800, DENVER,	COLORA	DO 802	01									
Reason(s) for Filing (Check proper box) New Well		Change is	Aranso	orter o	af:	☐ ou	het (Please exp	rlain)				
Recompletion	Oil											
Change in Operator	Casinghe	ad Gas	Conde	nsale								
If change of operator give name and address of previous operator					····							
II. DESCRIPTION OF WELL	AND LE		10					——Тъ		,		
AN JUAN 28 7 UNIT Well No. 1946 BASIN				DĂKŌ	TA (PRO	RATED GA	S) State	d of Lease e, Federal or Fee	Lease No.			
Location I		1670				FSL		060		FEL		
Unit Letter	_ :		_ Feet F	rom 11	he 7W	Lir	ne and		Feet From The		Line	
Section Township		<u> </u>	Range			,N	мрм,	KI	O ARRIBA		County	
III. DESIGNATION OF TRAN	SPORTE			ND N	<u>atu</u> i						·	
Name of Authorized Transporter of Oil MERIDIAN OIL INC.		or Conde	nsate			1			ed copy of this form			
Name of Authorized Transporter of Casing	thead Gas		or Dry	Gas		Address (Gi	we address to w	, FARMINGTO ed copy of this form	is to be sen	87401 4)		
EL PASO NATURAL GAS COL		- 1	1-0	_,		P.O. BOX 1492, EL			PASO, TX 79978			
If well produces oil or liquids, give location of tanks.] Unit	Soc.	Twp.	1	Rge.	is gas actual	ly connected?	Wh	:0 7			
If this production is commingled with that	from any ot	her lease or	pool, gi	ive con	nmingl	ing order num	nber:			· · · · · · · · · · · · · · · · · · ·		
IV. COMPLETION DATA		Lou wa		Gas W	(a)I	New Well	I Washama] B	l Nua Park low	B'	bure now	
Designate Type of Completion	- (X)	Oil Well	'n	OTP M	EII	I HEW WELL	Workover	Deepen	Plug Back Sai	ing Kes v	Diff Res'v	
Date Spudded	Date Com	pl. Ready to	Prod.			Total Depth			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing							
l'erforations	<u> </u>								Depth Casing S	ioe		
									NEM	Ì		
110150.15	·				AND	CEMEN'II		BPE	ABI	KS CEME		
HOLE SIZE	LA	CASING & TUBING SIZE					DEPTUE		o 1090	1990		
							- 40	AUGZ	3 1990	L		
	ļ				···			OIL CC	JIN			
V. TEST DATA AND REQUES	T FOR	ALLOW.	ABLE	:		L		JIE (D	5 1. 3			
OIL WELL (Test must be after r	·		of load	oil and	d must			lowable for i	his depth or be for j	ull 24 hour:	r.)	
Date First New Oil Run To Tank	Date of To	:st				Producing M	lethod (Flow, p	nump, gas iyi	, eic.j			
Length of Test	Tubing Pr	essure				Casing Press	aure		Choke Size			
Actual Prod. During Test Oil - B		I - Bbis.				Water - Bbls.			Gas- MCF	Gas- MCF		
	<u> </u>					l						
GAS WELL Actual Prod. Test - MCF/D	Transie sz	Ya				Toble Care	nsate/MMCF		Combined Co-	lenrate		
Actual Frod. Test - MCI/D	Length of	LEN				Boil. Conde	BENEMINICI		Gravity of Cond	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	ure (Shut-in)		Choke Size	Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMI	LIA	NCE		l						
I hereby certify that the rules and regula	ations of the	Oil Consci	vation			'	OIL CO	NSER\	ATION DI	VISIO	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.						Date Approved AUG 2 3 1990						
11.100	•					Date	a Approve	ea	, UU			
L. H. Whiley						By 3 A) Chang						
Signature Uoug W. Whaley, Staff Printed Name	Admin	. Supe	rvise Tide	or_		Title	S	UPERVI	SOR DISTRIC	CT #3		
July 5, 1990		303-	830=4	4280 No.								

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