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 Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION P.O. B6x 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 TO TRANSPORT OIL AND NATURAL GAS

perator							Well API No. 300392375200			
AMOCO PRODUCTION COMPAN	<u>Y</u>									
Address P.O. BOX 800, DENVER, C	OLORADO 8020	1		 	(Diseas avatai	-1				
Reason(s) for Filing (Check proper box)	Change in	Transporter of	Γ:	[] Other	(Please explai	•,				
New Well Recompletion		Dry Gas							ļ	
Change in Operator	Casinghead Gas	Condensate								
change of operator give name and address of previous operator										
I. DESCRIPTION OF WELL A	ND LEASE							1 10	se No.	
SAN JUAN 28 7 UNIT	Weij No. 1361	Pool Name, BASIN I	Including DAKOT	Formation A (PRORA	ATED GAS) Kind of State, F	ederal or Fee			
Location N	1030	_ Feet From Ti	. .	FSL Line	18.	50 Fee	t From The	FWL	Line	
Unit Letter	28N		7W		IPM,	RIO	ARRIBA		County	
Section Township		Range			11 141,					
III. DESIGNATION OF TRANS	SPORTER OF O	IL AND N	ATUR	Address (Give	address to wh	ich approved	copy of this form	n is to be se	ni)	
Name of Authorized Transporter of Oil MERIDIAN OIL INC.	Address (Give auchess to which approved copy of this form is to be sens) 3535 EAST 30TH STREET, FARMINGTON, NM 87401									
Name of Authorized Transporter of Casing	head Gas	or Dry Gas		Address (Give	address to wh	ich approved	copy of this form	n is to be se	nt)	
EL PASO NATURAL GAS COM	AL GAS COMPANY			P.O. BOX 1492, EL PASO				7.8		
If well produces oil or liquids, give location of tanks.	Unit Soc.	Twp.		is gas actually		When				
If this production is commingled with that f	rom any other lease o	r pool, give co	mmingli	ng order numb	er:					
IV. COMPLETION DATA	Oil We	II Gas V	Well	New Well	Workover	Deepen	Plug Back S	ame Res'v	Diff Res'v	
Designate Type of Completion - Date Spudded	Date Compl. Ready	to Prod.		Total Depth			P.B.T.D.			
				Top Oil/Gas I	Pay		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.)	, RKB, RT, GR, etc.) Name of Producing Formation							Depth Casing Slice		
Perforations	<u></u>						Depin Casing	310C		
	TUBING	, CASING	AND	CEMENTI	NG RECOR	m E	FIA			
HOLE SIZE		TUBING SIZE			DEPTH SET	IN IS O	S/	ICKS IE	ENI	
						₩ <u>^ ^11</u>	GZ 3 1990) —		
				OIL CON. DIV.						
					OIL COIN. DIST. 3					
V. TEST DATA AND REQUES	ST FOR ALLOV recovery of total volum	VABLE	and must	be equal to or	exceed top al	lowable for th	is depth or be for	r ʃull 24 ho	urs.)	
OIL WELL (Test must be after to Date First New Oil Run To Tank	Date of Test	E DJ TOGG ON G		Producing M	elliod (Flow, p	ump, gas lýt,	etc.)			
				Casing Press	ure		Choke Size			
Length of Test	Tubing Pressure			Water - Bble			Gas- MCF			
Actual Prod. During Test	Oil - Bbls.			Maret - Dou						
GAS WELL				-1811-2			Gravity of C	ondensale		
Actual Prod. Test - MCT/D	Length of Test			Bbis. Condensate/MMCF			in the second second			
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
							L			
VI. OPERATOR CERTIFIC	CATE OF CON	AI'LIANC	.E		OIL CO	NSERV	ATION I	DIVISI	ON	
I hereby certify that the rules and regulations of the Oil Conservation 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						
NU Mly				1 2 N d						
Signature Doug W. Whaley, Staff Admin. Supervisor				SUPERVISOR DISTRICT #3						
Printed Name		Title	80	Titl	е					
July 5, 1990	30.	3=830=42 Telephone No.		11						

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.