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Appropriate District Office
DISTRICT
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator AMOCO PRODUCTION COMPANY		Well API No. 300390744800
Address P.O. BOX 800, DENVER, COLORADO 80201		
Reason(s) for filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name SAN JUAN 28 7 UNIT	Well No. 74	Pool Name, including Formation BLANCO MESAVERDE (PRORATED GAS)	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>N</u> : <u>990</u> Feet From The <u>FSL</u> Line and <u>1650</u> Feet From The <u>FWL</u> Line Section <u>11</u> Township <u>28N</u> Range <u>7W</u> , NMPM, RIO ARRIBA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 3535 EAST 30TH STREET, FARMINGTON, NM 87401			
MERIDIAN OIL INC.	Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	P.O. BOX 1492, EL PASO, TX 79978			
EL PASO NATURAL GAS COMPANY	Is gas actually connected? <input type="checkbox"/> When?			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH		SACCEMENT			
RECEIVED AUG 23 1990 OIL CON. DIV. DIST. 3								

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

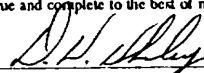
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

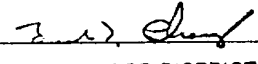
VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.


Signature
Doug W. Whaley, Staff Admin. Supervisor
Printed Name
July 5, 1990
Date
303-830-4280
Telephone No.

OIL CONSERVATION DIVISION

Date Approved AUG 23 1990

By 
Title
SUPERVISOR DISTRICT #3

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.
- All sections of this form must be filled out for allowable on new and recompleted wells.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C-104 must be filed for each pool in multiply completed wells.

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-8719
District III
1006 Rio Bravos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address CONOCO INC 10 DESTA DR. STE 100W MIDLAND, TX. 79705 (915) 686-5424		OGRID Number 005073
Reason for Filing Code CH (EFFECTIVE 3-1-95) CO (EFFECTIVE 4-1-95)		
API Number 30-039-07448	Pool Name Blexco BASIN MESAVERDE	Pool Code 72319
Property Code 16608	Property Name SAN JUAN 28-7 Unit	Well Number 74

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
N	11	28 N	7 W		990	SOUTH	1650	WEST	RIO ARriba

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lac Code F	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
014534	MERIDIAN OIL INC. P.O. BOX 4289 FARMINGTON, NM. 87499	293610	O	N 11 28N 7W
007057	EL PASO NATURAL GAS CO. P.O. BOX 4990 FARMINGTON, NM 87499	293630	G	N 11 28N 7W
009018	GIANT REFINERY P.O. BOX 338 BLOOMFIELD, NM 87413	293610	O	N 11 28N 7W EFFECTIVE 4-1-95

IV. Produced Water

POD 293650	POD ULSTR Location and Description N 11 28N 7W
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks/Cement	
			RECEIVED FEB 17 1995 OIL CON. DIV. DIST. 3	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules 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.

Signature: *Bill R. Keathly*
Printed name: BILL R. KEATHLY
Title: SR REGULATORY SPECIALIST
Date: 2-15-95 Phone: (915) 686-5424

OIL CONSERVATION DIVISION
Approved by: *278*
SUPERVISOR DISTRICT #3
Title:
Approval Date: FEB 17 1995

If this is a change of operator fill in the OGRID number and name of the previous operator 00778
Previous Operator Signature: *B. Shaw* Printed Name: Biechly Shaw Enviro Coordinator Title: Date: 2/15/95