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Appropriate District Office
DISTRICT J
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 Buttom of Page

OIL CONSERVATION DIVISION DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Itrazos Rd., Azteo	, NM 87410	REQ	UEST F	OR A	LLOW	/AE	BLE AND AUTHOR	RIZATION				
I.			TO TRA	NSP	ORT	OIL	AND NATURAL (
Operator							Well API No.					
Amoco Production Company							[3003921184					
Address 1670 Broadway		30x 800), Denv	er, (Color	ade						
Reason(s) for Filing (Check	proper box)						Other (Please ex	plain)				
New Well	. J '1		Change in]						
Recompletion L. Change in Operator		Oil Carinuba	ad Gas 📋	Dry Ga								
If change of operator give n												
and address of previous ope	islor Term			P, 6	162 S	٠.١	Willow, Englewo	od, Colo	rado 80)155		
II. DESCRIPTION	OF WELL	AND LE		I David N			F				No	
Lease Name SAN JUAN 28-7						ng Formation RA)24RG0 (CHACICA)	EEDI	ERAL		ease No. 2711		
Location			203	PIEN	0 (011	210	MADE INGO (CHACICA)	FEDI	NAT.	MIOI	2/11	
	0	:95	50	Feet Fi	rom The	FS	L Line and 1750) F	eet From The	FEL	Line	
Section 18	Township	27N		Range	7W		, NMPM,	RIO A	ARRIBA		County	
III. DESIGNATION	OF TRANS	SPORTE	ER OF O	IL AN	ID NAT	rui	RAL GAS					
Name of Authorized Trans	porter of Oil		or Conden	sale	$\overline{\mathbf{A}}$		Address (Give address to	which approve	d copy of this f	orm is to be se	ini)	
Name of Authorized Trans	orter of Casing	head Gas		or Dry	Gas X	5	Address (Give address to	which approve	d copy of this !	orm is to be se	eni)	
EL PASO NATURA	-		L		(25	٠ ا	P. O. BOX 1492,			9978	,	
If well produces oil or liqui	ds,	Unit	Sec.	Twp.	R	ge.	is gas actually connected?					
give location of tanks.		i 	I	l	.i							
If this production is commin		rom any ot	her lease or	pool, giv	ve comm	ingli	ing order number:					
D. i		(1/)	Oil Well		Gas Well	I	New Well Workover	Deepen	Plug Back	Same Res v	Diff Res'v	
Designate Type of (completion -		_ <u> </u>		_	!	7-15-1		<u> </u>	l		
Date Spudded		Date Com	pl. Ready to	Prod.		İ	Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, C	Name of Producing Formation				-	Top Oil/Gas Pay	Tubing Depth					
l'erforations	L				1		Depth Casing Shoe					
									<u> </u>			
						D (CEMENTING RECO		-r	·		
HOLE SIZE		CA	SING & TU	IBING S	SIZE		DEPTH SE	τ	- <u>-</u>	SACKS CEM	ENT	
									-			
									-			
						}	·····					
V. TEST DATA AN	O REOUES	T FOR A	ALLOWA	BLE		1			J			
	_				oil and m	ust ê	be equal to or exceed top a	llowable for th	is depth or be	for full 24 hou	rs.)	
Date First New Oil Run To	<u></u>	Date of Te				,	Producing Method (Flow,)					
Length of Test		Tubing Pro	es.sure				Casing Pressure		Choke Size			
Antual Bank Duran Test		1					Water - Bbis.	Gas- MCF				
Actual Prod. During Test		Oil - Bbls.				l	Maret - Doir		Gas- McI			
									ــــــــــــــــــــــــــــــــــــــ			
GAS WELL		g					B	···	— ,, —,,,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Actual Prod. Test - MCI/D		Length of	iest				Bbis. Condensate/MMCF		Gravity of C	Condensate		
esting Method (pilot, back	pr.)	Tubing Pressure (Shut-in)				\dashv	Casing Pressure (Shut-in)	Choke Size	Choke Size			
						_	<u>, </u>		1			
VI. OPERATOR C	ERTIFIC/	ATE OF	COMP	LIAN	ICE	- [OIL CO	NCEDV	MOLTA	חועופור	M	
I hereby certify that the s							OIL CO	NOLIN V	AHON	DIVISIC	м	
Division have been comp is true and complete to the				a above	;	1		_				
and and compress to a	. /		en veilet.			Į	Date Approve	ed h	IAY_0.8_1	<u> </u>		
(1 of Hampton)												
Singiture						.	By But Ohen					
J. L. Hampton	Sr	Staf	f_Admin	L Su	prv.		•	SUPERVI	SION DI	STRICT #	. 3	
Printed Name Janaury 16, 19			303-8	Title	-	Į	Title			π	٧, 	
Date	-			phone N		.	1					

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.