Submit 5 Copies
Appropriate District Office
DISTRICT J
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

DISTRICE II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Amoco Production Company 3003922298 1670 Broadway, P. O. Box 800, Denver, Colorado 80201 Other (Please explain) Reason(s) for Filing (Check proper box) New Well Change in Transporter of: Dry Gas [7] Recompletion Oil Change in Operator (X)Casinghead Gas Condensate If change of operator give name and address of previous operator Tenneco Oil E & P, 6162 S. Willow, Englewood, Colorado 80155 II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Lease No. BASIN (DAKOTA) FEDERAL 9000108 JICARILLA C 4E Location Feet From The FSL Line and 990 790 Feet From The FWL Unit Letter ____M RIO ARRIBA Section 24 Township 26N Range5W , NMPM, County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil or Condensate X. CONOCO . O. BOX 1429, BLOOMFIELD, NM 87413 Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X NORTHWEST PIPELINE CORPORATION . O. BOX 8900, SALT LAKE CITY, UT 84108-0899 If well produces oil or liquids, Unit Sec. Is gas actually connected? When ? Rge. give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen | Plug Back | Same Res'v | Diff Res'v Oil Well Gas Well New Well | Workover Designate Type of Completion - (X) I otal Depth Date Compl. Ready to Prod Date Smidded Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT **CASING & TUBING SIZE** HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL (Test must be after recovery of total volume of load oil and n Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Water - Bbis. Gas- MCF Actual Prod. During Test Oil - Bbls. GAS WELL Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Bbls, Condensate/MMCF Choke Size Casing Pressure (Shut-in) Tubing Pressure (Shut in) l'esting Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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 ____MAY_0.8_1989 Hample By. Sipoature

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

L. Hampton

Janaury 16, 1989

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title

SUPERVISION DISTRICT # 3

- 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.

Suprv.

303-830-5025 Telephone No.

4) Separate Form C 104 must be filed for each pool in multiply completed wells.

Staff Admin.