Submit 5 Copies
Appropriate District Office
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 DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I	,	TO THA	NSP	OH LOIL	AND NA	TUHAL GA	45	A DI No			
Presion Amoco Production Company					Well API No. 3004506271						
Address 1670 Broadway, P. O.	Box 800	. Denv	er. (Colorad	o 80201						
Reason(s) for l'iling (Check proper box)		·	,			er (Please explo	ain)				
New Well		Change in	Тгапърс	orter of:	_						
Recompletion	Oil		Dry Ga								
Change in Operator	Casinghea	d Gas 📙	Conder	sate							
If change of operator give name and address of previous operator Teni	neco Oi	1 E & I	P, 61	62 S.	Willow,	Englewoo	d, Colo	rado 80	155		
II. DESCRIPTION OF WELL	AND LE		,								
Lease Name	Well No. Pool Name, Includ						L	L		Lease No.	
BOLACK C LS	10 BLANCO (MESAVERDE						FEDERAL			SF079232	
Location Unit LetterA	. 10	90	Feet Fr	om The FN	L Lin	e and 800	Fe	et From The	FEL	Line	
Section 28 Townshi	p 27N		Range	5 W	, N	мрм,	SAN J	UAIN		County	
III. DESIGNATION OF TRAN	SPORTE	R OF O		D NATU					(num is en b		
Name of Authorized Transporter of Oil	Address (Give address to which approved copy of this form is to be sent)										
CONOCO	P. 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 Casing	Gat [X]										
	L PASO NATURAL GAS COMPANY						EL PASO When	TX 79978			
If well produces oil or liquids, give location of tanks.	Unit 	Sec.	Twp.	i Kge.	is gas actuall	y connected?	when	•			
If this production is commingled with that	from any od	ner lease or	pool, giv	re commingl	ing order num	ber:					
IV. COMPLETION DATA									-,	_,	
Dusianuta Tuna of Complating	(Y)	Oil Well	_ <u> </u> •	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion Date Spudded		ni Ready to	Prod		Total Depth	l	<u> </u>	P.B.T.D.	 _		
Date Application	Date Compl. Ready to Prod.							1.5.1.0.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casing Shoe			
								<u> </u>			
	TUBING, CASING AND				CEMENTING RECORD			· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT			
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								l			
V. TEST DATA AND REQUES	ST FOR	ALLOWA	ABLE		ł <u>.</u>						
OIL WELL (Test must be after r	ecovery of to	otal volume	of load	oil and must	be equal to or	exceed top allo	owable for thi	s depth or be	for full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure				Casing Press	ure		Choke Size			
							Gas- MCF				
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Uda- NICT				
GAS WELL	.1				J			<u> </u>			
Actual Prod. Test - MCF/D	Length of	l'est			Bbis. Conder	sale/MMCF	<u>. </u>	Gravity of	Condensate		
	, , , , , , , , , , , , , , , , , , ,							Choke Size			
Testing Method (pitos, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			CHOKE SIZE			
VI. OPERATOR CERTIFIC	ATE OF	COMP	IIAN	JCF	1			_+			
I hereby certify that the rules and regul				·CL	(OIL CON	ISERV.	ATION	DIVISIO	NC	
Division have been complied with and				:							
is true and complete to the best of my					Date	Annrove	d i	ላለላ ሳል	1000		
1.111 +					Date Approved MAY 0 8 1989						
J. J. Stamplon					By But Chang						
Signature		e			By -				7	4 7	
J. L. Hampton Sr. Staff Admin. Suprv. Printed Name Title					Title		SUPERV	TRION D	STRICT	# 3	
Janaury 16, 1989		303-8						· · · · · · · · · · · · · · · · · · ·		,	
Date		lele	A snode	4 ().	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.