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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 Bottom of Page

## OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Anesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator 3004521144 Amoco Production Company 1670 Broadway, P. O. Box 800, Denver, Colorado 80201 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Recompletion Oil Casinghead Gas Condensate (X)Change in Operator 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 Well No. | Pool Name, Including Formation Lease No. 10 BLANCO SOUTH (PICT CLIFFS) FEDERAL SF080112 RIDDLE F LS Location Unit Letter \_\_\_\_ : Feet From The FWL 1180 SAN JUAN Section 17 Township 28N HL 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 OST Address (Give address to which approved copy of this form is to be sent) Name of Anthorized Transporter of Casinghead Gas [ ] or Dry Gas [X ] O. BOX 1492, EL PASO, TX 79978 EL PASO NATURAL GAS COMPANY When? Twp. If well produces oil or liquids, is gas actually connected? 1 ..... If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA New Well Workover Deepen Plug Back Same Res'v Diff Res'v Oil Well Gas Well Designate Type of Completion - (X) lotal Depth Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE ust 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 m 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 Gas- MCF Water - Bbis. Actual Prod. During Test GAS WELL Gravity of Condensate Bbls, Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Choke Size - - - 18-Casing Pressure (Shut-in) Tubing Pressure (Shut in) Lesting 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 \_ J. Hampton L. Hampton Sr. Staff Admin. SUPERVISION DISTRICT # 3 Title.

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

Janaury 16, 1989

- 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.

303-830-5025 Telephone No.

- 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.