Submit 5 Copies Appropriate District Office DISTRICT J P.O. Bux 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 DISTRICE II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

DISTRICT III
1000 Rin Brazos Rd., Aziec, NM, 87410

Santa Fe, New Mexico 87504-2088

OOO KIO BIZZOS KII., AZEC, INNI 87410	REQUEST									
. TO TRANSPORT OIL					Well API No.					
Amoco Production Company					3004522361					
Address 1670 Broadway, P. O.	Box 800, De	nver	, Colorad	lo 8020	1					
Reason(6) for Filing (Check proper box)				Ou	ner (Please expl	ain)				
New Well Recompletion	-	e in Tra Dr	ansporter of:							
Change in Operator	Casinghead Gas		,							
change of operator give name nd address of previous operator Ten	neco Oil E	& Р,	6162 S.	Willow,	Englewoo	d, Colo	rado 80	155		
I. DESCRIPTION OF WELL										
Lease Name	Well No. Pool Name, Includi			- I			Lease No. RAL SF078502			
VANDERWART A LS Location	1A BLANCO (MES.			AVERDE) IFEDE			RAL	SEU	8502	
Unit Letter P	: 800	Fe	et From The \underline{F}	SL Li	ne and <u>800</u>	Fe	et From The	FEL	Lin	
Section 11 Townsh	ip 29N	Ra	inge8W	1.	імрм,	SAN J	UAN		County	
H. DESIGNATION OF TRAI	SPORTER OF	OIL.	AND NATU	RAL GAS						
Name of Authorized Transporter of Oil		densate			ve address to w	hich approved	copy of this f	orm is 10 be s	ens)	
CONOCO	000						ELD, NM 87413 copy of this form is to be sent)			
Name of Authorized Transporter of Casu EL PASO NATURAL GAS CO		or	Dry Gas 💢	i i	ve address to w OX_1492,				enij	
f well produces oil or liquids, ive location of tanks.	Unit Sec.	ΙTV	wp. Rge.	ls gas actual	ly connected?	When		3310		
this production is commingled with that	from any other lease	or poo	l, give comming	ling order nun	iber:	l				
V. COMPLETION DATA	loii v		Gas Well	Novi Wall	Workover	Deepen	1 Plus Dack	Same Res'v	Diff Res'v	
Designate Type of Completion		ve11) Gas well	i	WORKOVE	Deepen	Flug Dack	Same Res V		
Date Spudded	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.			
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth		
'erforations							Depth Casing Shoe			
<u> </u>							<u> </u>			
	TUBING, CASING AND CASING & TUBING SIZE			CEMENT				CACVO OFMENT		
HOLE SIZE				DEPTH SET			SACKS CEMENT			
								· • · · · · · · · ·		
TEST DATA AND REQUE	ST FOR ALLO	WAR	LE	J			1			
•	recovery of total volu			the equal to o	r exceed top all	owable for thi	s depth or be	for full 24 hos	us.)	
Date First New Oil Run To Tank	Date of Test			Producing N	lethod (Flow, p	ump, gas lýt, i	elc.)			
ength of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbls.			Gas- MCF			
	1			l]			
GAS WELL	approved a process when				ing parasis		ni valensiinii v			
Actual Prod. Test - MCF/D	Length of Test			Bbis. Cendensale/MMCF			Gravity of Condensate			
esting Method (pilot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Clioke Size			
L OPERATOR CERTIFIC	TATE OF COM	MPLI	IANCE	11			. 			
I hereby certify that the rules and regu	lations of the Oil Cor	nscrvati	io n			NSERV.	ATION	DIVISIO	NC	
Division have been complied with and is true and complete to the best of my		•	above		_					
				Date	a Approve	d	MAY 08	1000		
J. J. Hampton						3) d	2 /		
Simulture	r. Staff Adm	nin.	Sunry	By_		Cliper	110101-		и =	
Printed Name		Tie		Title)	-UPEKV	ISION D	ISTRICT	# 5	
Janaury 16, 1989		l'elepho								

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.