## 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

OIL CONSERVATION DIVISION

P.O. Box 2088

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/	

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

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 3004525009

Rescords for Hing (Check proper fost)  New Well  Change in Transporter of:  Recompletion  OR Dy Gas  Change in Transporter of:  Content of Dy Gas  Content of Dy  Content of Dy Gas  Con	Address 1670 Broadway, P. O. I	Box 800, Den	ver. Color	ado 802	01								
Recompletion		· · · · · · · · · · · · · · · · · · ·				lain)							
Congesting Operators   N	New Well	Change	in Transporter of:										
Honograph operating from nume and address or presents operated   Tenneco O11 E S. P. 6162 S. Willow, Englawood, Colorado, 80155	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	oil [	Dry Gas	.1									
and address of previous repeated as Peterson Peterson (Peterson Peterson Pe	[	Casinghead Gas	Condensate	]									
Lease Name   Robellofs   BE   BASIN (DAKOTA)   FEDERAL   SF078415	If change of operator give name and address of previous operator Tens	neco Oil E &	P, 6162 S	. Willow	, Englewoo	d, Color	ado 8015	5.5					
Lease Name   Robellofs   BE   BASIN (DAKOTA)   FEDERAL   SF078415	II DESCRIPTION OF WELL	AND I FASE											
ROELOFS   BE   SASIN (DAKOTA)   FEDERAL   SF078415		luding Formati	ing Formation			Lease No.							
Line	i .						RAL SF078415						
Section 9   Township 29N   RangeSW   JMMM, SAN JUAN   County													
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Some of Authorized Transporter of Oil or Condensate One of Authorized Transporter of Oil or Condensate One of Authorized Transporter of Casinghead Gas One Oil	Unit Letter P	t From The .F	EL	Line									
Address (Give address to which approved copy of that from a to be send)	Section 9 Township	p29N Range8W			, NMPM,	SAN JU	AN Cou		County				
Address (Give address to which approved copy of that from a to be send)	III DESIGNATION OF TRAN	SPORTER OF C	DIL AND NA	THRAL GA	S								
CONOCO  1. O. BOX 1429_BLOOFFIELD, NN 87418  Name of Ambierird Transporter of Casinghead Gas			ensate			hich approved	copy of this form	is to be ser	11)				
Name of Authorized Transporter of Casinghead Gas	CONOCO	ll	<b>X</b>	P. O.	BOX 1429,	BLOOMFIE	LD, NM 8	37413					
If well produces only or legads, proceedings of large and producing processing of large and large and producing is committed?  When 7 production is committed with that from any other lease or pool, give committing order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)    Oil Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Resv   Diff Resv													
It his production is commingled with that from any other lease or pool, give commingling order number:	EL PASO NATURAL GAS CON	1PANY		<u> </u>	BOX 1492,	EL PASO,	TX 7997	78					
If this production is commingled with that from any other lease or pool, give commingling order number:  IV. COMPLETION DATA  Designate Type of Completion - (X)  Date Spanded  Date Completion - (X)  Date Completion - (X)  Name of Producing Fermation  Top Oil-Ois Pay  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  CASING & TUBING SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  Gest must be after recovery of total volume of load oil and must be equal to or excent top allowable for this depth or be for full 24 hours:)  Producing Method (Flow, pump, gas life, etc.)  Tubing Pressure  Casing Pressure  Chicke Size  GAS WELL  Actual Prod Test MCFD  Length of Test  GAS WELL  Actual Prod Test MCFD  Length of Test  Casing Pressure  Chicke Size  OIL CONSERVATION DIVISION  Date Approved  MAY 0.8 1999  By  Supervision District Name  Title  Supervision District Name  Title  Supervision District Name  Title		Unit Sec.	Twp.   F	lge. Is gas act	Is gas actually connected? When								
Designate Type of Completion - (X)  Date Approved MAY 0.8 1999  Date Approved MAY 0.8 1999  Date Completion - (X)  Date Completion - (X)  Date Completion - (X)  Date Completion - (X)  Date Approved MAY 0.8 1999  Date Completion - (X)  Date Approved MAY 0.8 1999  Date Completion - (X)  Date Approved MAY 0.8 1999  Date Completion - (X)  Date Co	If this production is commingled with that from any other lease or pool, give commingling order number:												
Designate Type of Completion - (X)  Date Spudded  Date Compl. Ready to Prod.  Total Depth  PB.T.D.  Tubing Depth  PB.T.D.  Tubing Depth  PB.T.D.  Tubing Depth  PB.T.D.  Tubing Depth  Depth Casing Shoe  TUBING, CASING AND CEMENTING RECORD  HOLE SIZE  DEPTH SET  SACKS CEMENT  V. TEST DATA AND REQUEST FOR ALLOWABLE  OIL WELL  (Test much be after recovery of total volume of food oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)  Date first New Oil Run To Tank  Date of Test  Length of Test  Casing Pressure  Chicke Size  Actual Prod. Turing Test  Oil - Bibts.  GAS WELL  Actual Prod. Test - MCFD  Length of Test  Casing Method (Puton, back pr.)  Tubing Pressure (Shut in)  Casing Pressure (Shut in)  Casing Pressure (Shut in)  Chicke Size  Oil CONSERVATION DIVISION  Date Approved  MAY 0.8 1999  By  Superior # 3  Title  Title	IV. COMPLETION DATA					-,			·				
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Actual Fred. During Test  Oil - Bbls.  Water - Bbls.  GAS WELL  Actual Fred. Test - MCF/D  Length of Test  Bbls. Cendensate/MMCF  Gravity of Condensate  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  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.  OIL CONSERVATION DIVISION  Date Approved  MAY 0.8 1989  By  Supervision District # 3  Supervision District # 3  Title	Date First New Oil Run To Tank				<del></del>				·				
Actual Frod. During Test  Oil - Bbls.  Water - Bbls.  GAS WELL  Actual Frod. Test - MCF/D  Length of Test  Festing Methical (pitot, back pr.)  Tubing Pressure (Shut-in)  Casing Pressure (Shut-in)  Choke Size  VI. OPERATOR CERTIFICATE OF COMPLIANCE  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 1999  By  Supervision District # 3  Finted Name  Title	Length of Test	Tubing Pressure	······································	Casing Pro	Casing Pressure			Choke Size					
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VI. OPERATOR CERTIFICATE OF COMPLIANCE  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.  Superior  Superior  Printed Name  Title  Casing Pressure (Shut-in)  Choke Size  OIL CONSERVATION DIVISION  Date Approved  MAY 0.8 1999  By  SUPERVISION DISTRICT # 3	GAS WELL	l	<del></del>										
VI. OPERATOR CERTIFICATE OF COMPLIANCE  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 08 1999  By  Supervision District # 3  Supervision District # 3	Actual Prod. Test - MCF/D	Length of Test		Bbls. Cen	densate/MMCF		Gravity of Con-	densate					
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Printed Name Title Title	. <b>7</b>	. Staff Admi	n. Sunrv	1		SUPPRVI	STONATE	raion 4	13				
		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.

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.