Submit 5 Copies
Appropriate District Office
DISTRICT1
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

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

OIL CONSERVATION DIVISION

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 3004525966 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 Change in Operator 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 No. Well No. Pool Name, Including Formation Lease Name BASIN (DAKOTA) VANDEWART COM 3E Location Feet From The $\stackrel{FNL}{=}$ Feet From The FEL 790 __ Line and 940 Unit Letter Township 29N Range 8W SAN JUAN Section 13 , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Z Address (Give address to which approved copy of this form is to be sent) or Dry Gas [X] Name of Authorized Transporter of Casinghead Gas P. O. BOX 1492, EL PASO, TX 79978 EL PASO NATURAL GAS COMPANY Rge. Is gas actually connected? When ? If well produces oil or liquids, Unit Sec. Twp. give location of tanks. ... l. 1 1 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 New Well | Workover Oil Well Gas Well Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Name of Producing Formation Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) OIL WELL 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 - Bbls. Actual Prod. During Test Oil - Bbls. GAS WELL Bbls. Condensate/MMCF Actual Prod. Test - MCF/D Length of Test Tubing Pressure (Shut in) Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION Thereby 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. MAY 08 1089 Date Approved _ J. L. Hampton SUPERVISION DISTRICT # 5 Staff Admin.

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

Janaury 16, 1989

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

Title

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.