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Appropriate District Office
DISTRICT L 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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 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 Amoco Production Company 3004522246 1670 Broadway, P. O. Box 800, Denver, Colorado 80201 Other (Please explain) Reason(s) for liling (Check proper box) New Well Change in Transporter of: Dry Gas Recompletion Oil 1.3 Casinghead Gas Condensate 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. Lease Name FLORANCE 41A BLANCO (MESAVERDE) FEDERAL SF080246 Location . 1530 Feet From The FSL Line and 1840 Feet From The FEL , NMPM, Section 21\_ Township 29N Range9W SAN JUAN III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) O. BOX 1429, BLOOMFIELD, NM 87413 Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) SUNTERRA GAS GATHERING CO. . O. BOX 1899, BLOOMFIELD, NM 87413 If well produces oil or liquids, Twp. Sec. Rge. Is gas actually connected? When ? Unit give location of tanks. . . . . . . . . . . \_ i ... \_ If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v Diff Res'v Designate Type of Completion - (X) Date Compl. Ready to Prod. P.B.T.D. Date Spudded Elevations (DF, RKB, RF, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Perforations. Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD SACKS CEMENT 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 Date First New Oil Run To Tank Producing Method (Flow, pump, gas lift, etc.) Date of Test Choke Size Length of Test Tubing Pressure Casing Pressure Gas- MCF Actual Prod. During Test Oil - Bbls. Water - Bbis. GAS WELL Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Gravity of Condensate Casing Pressure (Shut-in) Choke Size lesting Method (pitot, back pr.) Tubing Pressure (Shut in) 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 \_\_\_\_ By\_ L. Hampton Sr. Staff Admin. Suprv. Title 303-830-5025

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 with Rule 111.

Title\_

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, H, 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.