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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resou

urtment

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

OSTRICE II O. Drawer DD, Artesia, NM 88210	P.O. Bo	ox 2088 exico 87504-2088	
DISTRICT III			
OXX Rio Brazos Rd , Aztec, NM 87410	REQUEST FOR ALLOWAR	BLE AND AUTHORIZATION AND NATURAL GAS	
· Operator	TO THATOI OTT OL	Well	API No.
Amoco Production Com	pany	3004	523289 3004521842
Address 1670 Broadway, P. O.	Box 800, Denver, Colorad	o 80201	
Reason(s) for Filing (Check proper box)		Other (Please explain)	
lew Well	Change in Transporter of:		
Recompletion [7]	Oil Dry Gas Casinghead Gas Condensate		
change of operator give name Te	nneco Oil E & P, 6162 S.	Willow, Englewood, Colo	rado 80155
I. DESCRIPTION OF WELL	L AND LEASE		Lease No.
Lease Name MOORE	Well No.   Pool Name, Includ		
Location	B 1.5/N	er OHT care	FEL Line
Unit Letter		Line and 910 925	
Section 4 Town	ship30N Range8W	, NMPM, SAN	JUAN County
III. DESIGNATION OF TRA	ANSPORTER OF OIL AND NATU	IRAL GAS Address (Give address to which approve	ed copy of this form is to be sent)
Name of Authorized Transporter of Oil CONOCO	or Condensate K	P. O. BOX 1429, BLOOMF	
Name of Authorized Transporter of Ca	singhead Gas or Dry Gas [X	Address (Give address to which approve	ed copy of this form is to be sent)
EL PASO NATURAL GAS C	OMPANY	P. O. BOX 1492, EL PASO	O, TX 79978
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge	is gas actually connected? Who	es ?
	nat from any other lease or pool, give commin	gling order number:	Agent Parks
V. COMPLETION DATA		New Well   Workover   Deepen	Phus Back   Same Res'v   Diff Res'v
Designate Type of Completion	Oil Well Gas Well	New Well   Workover   Deepen	Fing back frame Rear
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Date of source		Top Oil/Gas Pay	Tubing Depth
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	1p 0.0000	
Perforations			Depth Casing Shoe
	TUBING, CASING ANI	D CEMENTING RECORD	
HOLE SIZE	CACING & THRING SIZE	DEPTH SET	SACKS CEMENT
V. TEST DÁTÁ ÁND REQU	JEST FÖR ÄLLOWABLE	and a second to allowable for	this denth or be for full 24 hours.)
OIL, WELL (Test must be af	ter recovery of total volume of load oil and mu  Date of Test	Producing Method (Flow, pump, gas ly	(i, etc.)
Date First New Oil Run To Tank	Date of Tex		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF
GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Actual Prod. Test - MCF/D	Engar of Tox	•	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
lesting Method (puor, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shul-in)	Choke Size
VI OPERATOR CERTII	FICATE OF COMPLIANCE	OIL CONCED	VATION DIVISION
I bereby certify that the rules and	regulations of the Oil Conservation and that the information given above	UIL CONSER	
is true and complete to the best of	my knowledge and belief.	Date Approved	MAY 08 1999
111	at.		wd.
J. J. 810	mpton	- By	A Commence of the commence of
Signature J. L. Hampton	Sr. Staff Admin. Suprv.	* 11 .	RVISION DISTRICT #3
Printed Name	Title 303-830-5025	Title	

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

Date

- 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.