STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

Senior Administrative Analyst

November 25.

		_	_
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U.S.G.S.			
LAND OFFICE			
	OIL		
TRANSPORTER	GAS		
OPERATOR			
PRORATION OFFICE			

OIL CONSERVATION DIVISION P.O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 **Revised 10-01-78** Format 05-01-83

RECEIVED

NOV 3'0 1987

All sections of this form must be filled out completely for allowable on new and recompleted walls. Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter,

Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE AND

PERATOR DORATION OFFICE AUT	HORIZATION TO TRANSPORT	DIL AND NATURAL GAS ON COAL
		· DIV
TENNECO OIL COMPANY		
P.O. BOX 3249, ENGLEWO	OD. COLORADO 8015	5
Reason(s) for filing (Check proper box)		Other (Please explain)
New Well Change in Transporter o		Change in Transporter
Recompletion Oil Change in Ownership Casinghead Gas	Dry Gas Condensate	Effective 12-01-87
t change of ownership give name and address of previous owner		
I. DESCRIPTION OF WELL AND LEASE	II No. Pool Name, Including Formation	Kind of Lease No.
Lease Name	Blanco MV	State, Federal or Fee Federal NM-03998
Location		050 W
Unit Letter : 1720	Feet From The N	Line and 950 Feet From The 19
Line of Section 33 Townsh	ip 30N Range	10W , NMPM, SAN JUAN county
	OU AND MATHDAL GAS	
III. DESIGNATION OF TRANSPORTER OF Name of Authorized Transporter of Oil Or Condensate X	OIL AND NATURAL GAS	iss (Give address to which approved copy of this form is to be sent)
CONOCO	P.	O. BOX 460 HOBBS, NM 88240 ses (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas 🗀 or D	17 CARA PA	O. BOX 4990 FARMINGTON, NM 87401
EL PASO NATURAL GAS	Sec. Twp. Rge. is ga	s actually connected? When
If well produces oil or liquids, E	33 30N 10W	
If this production is commingled with that from any other lease	or pool, give commingling order number	
NOTE: Complete Parts IV and V on reverse	e side if necessary.	1 1 :
VI. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Continuous Continuo		PROVED NOV 3 0 1987 , 19, 19,
i hereby certify that the rules and regulations of the con- with and that the information given is true and complete to	the best of my knowledge and belief.	- 3. Sol
The same of	li li	TLE SUPERVISION DISTRICT # 8
Michael D. Gamff6H'ure)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accived by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

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

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

Santa Fe, New Mexico 87504-2088

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

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST				BLE AND A						
Operator			<u> </u>				Well 7	API No.			
Amoco Production Comp	any				3004524194						
Address 1670 Broadway, P. O.	Box 800, De	enver	, Col	orad		:					
Reason(s) for Using (Check proper box)	C	:_ T		-t.	Ouhe	r (Please expli	zin)				
New Well	Oil	ge in 16	insporter v Gas	oi:							
Change in Operator	Casinghead Gas		-								
If change of operator give name and address of previous operator Ten	neco Oil E	& P,	6162	S. V	Willow,	Englewoo	d, Colo	rado 8015	55		
IL DESCRIPTION OF WELL	AND LEASE										
Lease Name	Well	1 _			ng Formation	1	CEDE	DAT		ase No.	
BASSETT B Location	<u></u> l <u>-</u> _	ÞΙ	ANCO	(ilean	AVERDE)		FEDE	KAL	1 82076	80390	
Unit LetterE	: 1720	Fe	et From	The FN	LLine	and 950	Fe	et From The _F	WL.	Line	
Section 33 Townshi	_{ip} 30N	Ra	inge10%	7	, NN	4PM,	SAN J	UAN		County	
		E OH	AND	MATE!	DAL CAS						
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil		ondensati	•			address to wi	hich approved	copy of this form	is to be se	ni)	
CONOCO	L		, pr	اا	Р. О. ВО	X 1429	BLOOMFI	ELD, NM 8	87413		
Name of Authorized Transporter of Casin EL PASO NATURAL GAS CO		_] or	Dry Gas	X	1			copy of this form TX 799		ns)	
If well produces oil or liquids,	Unit Sec.	T	∨ р.	Rge.	ls gas actually		When				
If this production is commingled with that	from any other leas	se or poo	d, give co	ommingl	ing order numb	er:					
IV. COMPLETION DATA						-					
Designate Type of Completion		Well	Gas	Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Rea	idy to Pr	od.		Total Depth			P.B.T.D.			
Elevations (DF, RKB, RF, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay Tubing Depth						
Perforations	.L				l			Depth Casing S	ihoe		
HOLE SIZE	TUBI				CEMENTII 	NG RECOR		SAC	CKS CEM	ENT	
						·					
V. TEST DATA AND REQUE	ST FOR ALLO	ÓWÁB	LE		ı			.l			
OIL WELL (Test must be after		lune of	load oil a	nd must					full 24 hou	rs.)	
Date First New Oil Run To Tank	Date of Test				Producing Me		ump, gas iyi, e	nc.)			
Length of Test	Tubing Pressure				Casing Pressu	re		Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbls.			Gas- MCF			
GAS WELL					•						
Actual Prod. Test - MCF/D	Length of Test				Bbls. Conden	sate/MMCF		Gravity of Con	densate		
lesting Method (pitot, back pr.)	Tubing Pressure	(Shut in	·		Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF CO	MPL	IANC	 Е				ATION 5			
I hereby certify that the rules and regu	lations of the Oil C	onservat	io n		11	JIL CON	NSEHV.	ATION D	IVISIC	אכ	
Division have been complied with and is true and complete to the best of my			above		Data	Annrous	M M	AY 08 198	q		
	-				Date	Approve		A			
J. J. Slan	pton				By_		المندة		{		
Signature J. L. Hampton	r. Staff Ad	lmin.	Supr	V	-, -	18	SUPERVI	SION DIST	RICT#	3	
Printed Name Janaury 16, 1989		T	ille 0-502		Title						
Date			one No.	· · · · · ·							

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.

Submit 5 Copies
Appropriate District Office
DISTRICT I
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

Santa Fe, New Mexico 87504-2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

					WHE AND NAT			N.					
Operator		IU IKA	אסר	UNI UII	- AND INA	UNAL GA	73 1	cli AF	l No.				
AMOCO PRODUCTION COMPAN	VY.							300	4524194				
P.O. BOX 800, DENVER, O	COLORA	00 8020	1		Othe	e (Please explo	ain)						
Reason(s) for Filing (Check proper box)		Change in	Transp	orter of:	• Out	- (1 tows)-							
Recompletion	Oil		Dry G										
Change in Operator	Casingho	ad Gas 🔲	Condo	neate 🔃									
change of operator give name address of previous operator										·			
I. DESCRIPTION OF WELL	AND LE		15		ine Complian			ind of	Lease	i.e	ase No.		
Lease Name BASSETT B		Well No.	i		in g Formation 1ESAVERDE)			ERAL	1	780390		
Location		<u> </u>	1 20						HIMI				
Unit LetterE	. :	1720	. Feet F	rom The	FNL Line	and	950	_ Fee	From The	FWL	Line		
Section 33 Township	, 30	ON	Range	100	NN.	IPM,		SAN	JUAN		County		
II. DESIGNATION OF TRAN	SPORT	ER OF O	IL A	ND NATU	IRAL GAS								
Name of Authorized Transporter of Oil		or Conde	1526		Address (Cin	e address to w							
MERIDIAN OIL INC.				. C C	3535 E	AST 30TH e oddress to w	H STR	round a	FARNIN	nillin, N	M <u>87401</u> end)		
Name of Authorized Transporter of Casing EL PASO NATURAL GAS CO	head Gas MPANY		or Dr	y Gas 🗀		OX 1492.							
If well produces oil or liquids, tive location of tanks.	Unit	Soc.	Twp	Rge	is gas actually	y connected?		When 1	·				
f this production is commingled with that	from any o	ther lease or	pool, g	ive commin	gling order numi	ber:							
V. COMPLETION DATA													
Designate Type of Completion	- (X)	Oil Wel	1	Gas Well	New Well	Workover	Dec	pen	Plug Back	Same Res'v	Diff Resv		
Date Spudded		npl. Ready I	o Prod.		Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas	Top Oil/Gas Pay Tubing Depth							
l'erforations	<u> </u>				J				Depth Cass	ig Slice			
				INC AND	CEMENTI	NC RECOI	RD		<u> </u>				
		ASING & T			CEMENT	CEMENTING RECORD DEPTH SET				SACKS CEMENT			
HOLE SIZE	 	ASING & I	OBING	JILL									
	1												
													
V. TEST DATA AND REQUE	T FOR	ALLOW	ABL	E	<u></u> .				J				
OIL WELL (Test must be after	recovery of	total volum	e of loa	d oil and mu	us be equal to o	r exceed top a lethod (Flow, j	Howable	for the	depth or be	jor juli 24 ho	w 5.j		
Date First New Oil Run To Tank	Date of	Test			Producing M	seusoa (<i>ruow</i> , ,	<i></i>	s 191, 1	_				
Length of Test	Tubing	Pressure			Casi	EUE	I	E	Noke Size				
Actual Prod. During Test	Oil - Bb	is.			Water-Wolf	FEB25	1991		GAL- MCF				
GAS WELL					(2)	LCO		IV					
Actual Prod. Test - MCI/D	Length	of Test			Bbis. Conto	DIST	**		Gravity of	Condensate			
	TURIA	Pressure (Sh	in in i		Casing Pres	sure (Shut-in)	4		Choke Siz				
l'esting Method (pitot, back pr.)	ruoing	1 (Cascile (36)											
VI. OPERATOR CERTIFIC	CATE (OF COM	IPLI/	ANCE		OIL CC	NSE	RV	ATION	DIVISI	ON		
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.				D	Data Approved FEB 2 5 1991								
is true and conspice to sie on the inj					Dai	e Approv	ARG			1 ,			
Signature W. Whaley, Staff Admin. Supervisor				Ву									
Printed Name	i Admi		Titl	le	Titl	е	SU	PER	VISOR D	ISTRICT	/3		
February 8, 1991			=830	-4280 nc No.	-								

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