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

State of New Me Energy, Minerals and Natural Re:

epartment

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

OIL CONSERVATION DIVISION

DISTRICT II P.O. Luawer DD, Antesia, NM 88210	P.O. Box 2088 Santa Fe, New Mexico 87504-2088				
DISTRICT III 1000 Rio Brazis Rd., Aziec, NM 87410	REQUEST FOR ALLOWA		TION	,	
I. TO TRANSPORT OIL AND NATURAL GAS					
Amoco Production Company			3004513266		
Address 1670 Broadway, P. O.	Box 800, Denver, Colorad	lo 80201			
Reason(s) for Liling (Check proper box) New Well	Change in Transporter of:	Other (Please explain)		***************************************	
Recompletion [2] Change in Operator [X]	Oil Dry Gas Casinghead Gas Condensate				
If change of operator give name and address of previous operator. Tent	neco Oil E & P, 6162 S.	Willow, Englewood,	Colorado 801	55	
II. DESCRIPTION OF WELL				· _F	
Lease Name		- ·	FEDERAL	Lease No. SF078097	
Location Unit Letter A	990 Feet From The FN	L Line and 990	Feet From The _F	EL Line	
Section 28 Township	p31N Range11W		SAN JUAN	County	
HL DESIGNATION OF TRAN	SPORTER OF OIL AND NATU	RAL GAS			
Name of Authorized Transporter of Oil or Condensate V Address (Give address to which approved copy of this form is to be sent)					
CONOCO P. 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)					
, ,	ASO NATURAL GAS COMPANY P. O. BOX 1492, EL PASO, TX 79978				
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connected?	When ?		
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give comming	ling order number:			
Designate Type of Completion	(X) Oil Well Gas Well	New Well Workover D	eepen Plug Back Sa	ime Res'v Diff Res'v	
Date Spinded	Date Compt. Ready to Prod.	Total Depth	P.B.T.D.		
Elevations (DF, RKB, RF, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Tubing Depth	
Perforations			Depth Casing S	Depth Casing Shoe	
	TUBING, CASING AND	CEMENTING PECOPD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SA	CKS CEMENT	
 V. TEST DATĀ AND REQÜES	T FOR ALLOWABLE	l			
AULIVELL	ecovery of total volume of load oil and must	be equal to or exceed top allowable Producing Method (Flow, pump, g		full 24 hows.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
		Water - Bbls.	Gas- MCF	· · · · · · · · · · · · · · · · · · ·	
Actual Prod. Doning Test	Oil - Ubls.	Water - Bolk	025- MCF		
GAS WELL	11	Test and the second	النور ارداد ایا داور و سدادات		
Actual Prod. Test - MCT/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Con	densate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shut-in)	Choke Size		
VI. OPERATOR CERTIFIC	ATE OF COMPLIANCE	OIL CONSE	EDVATION D	IVICIONI	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above		OIL CONSERVATION DIVISION			
is true and complete to the best of my k		Date Approved _	MAY 08 1999		
1 1 2h	otani	3	N) d	/	
Signature J. O. lowny	By SUPER	Wiston			
J. L. Hampton Sr.	. Staff Admin. Suprv	II	VISION DISTRI	IUT # 3	
Janaury 16, 1989	303-830-5025 Telephone No.	Title			

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

- 1) Request for allowable for newly drifted or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- All sections of this form must be filled out for allowable on new and recompleted wells.
 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.