## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE		
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
TRANSPORTER	GAS	
OPERATOR		
PRORATION OFFICE		

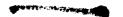
## OIL CONSERVATION DIVISION P.O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

U.S.G.S.					
LAND OFFICE					
TRANSPORTER GAS REQUES	T FOR ALLOW	ABLE			
PRORATION OFFICE AUTHORIZATION TO TE	AND	AND NATURA	J GAS		
AUTHORIZATION TO TH	ANDFORT OIL	AND NATORIE	m beelv	5 M	
Operator			NY CONTRACTOR	5	
Tenneco Oil Company			UU		
Address			SEP 06 1985		
P. O. Box 3249, Englewood, CO 80155			04 004 04		
Reason(s) for filing (Check proper box)		Other (Please expla		<b>V</b>	
New Well Change in Transporter of:			DIST. ?		
Recompletion Oil Dry Gas					
Change in Ownership Casinghead Gas Condense	ate	Well Name			
If change of ownership give name and address of previous owner El Paso Natural Gas, F	.O. Box 49	90, Farmir	ngton, NM 87499		
II. DESCRIPTION OF WELL AND LEASE	- N.		Kind of Lease IISA	Lease No.	
Lease Name Well No. Pool Name, Include	-		Kind of Lease USA State, Federal or Fee	078095	
Case LS 14 Aztec—PC	EXT.		<u> </u>	078093	
Location	S		1800 E		
O		Line and	Feet From The		
Line of Section 18 Township 31N	Range	11W	, <sub>NMPM.</sub> San Juan	County	
Citie of October					
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS				
Name of Authorized Transporter of Oil or Condensate	Address (G.		approved copy of this form is to be sent)		
Conoco Inc. Surface Transportation	P. 0	. Box 460	, Hobbs , NM 88240 approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead Gas  or Dry Gas X	1				
El Paso Natural Gas		ally connected?	D, Farmington, NM 8749	<del>'9</del>	
	ge. Is gas actu 11W	Yes			
If this production is commingled with that from any other lease or pool, give commingling order	er number				
NOTE: Complete Parts IV and V on reverse side if necessary.					
VI. CERTIFICATE OF COMPLIANCE			IL CONSERVATION DIVISION P	0 6 1985	
I hereby certify that the rules and regulations of the Oil Conservation Division have been owith and that the information given is true and complete to the best of my knowledge an	complied APPRO	VED	= 170)	, 19	
	TITLE		SUPER	VISOR DISTRICT 票 !	
Let Mikning		This form is to be filed in compliance with RULE 1104.			
(Signature)	If this	is a request for allow	wable for a newly drilled or deepened well, th	nis form must be accom-	
Sr. Regulatory Analyst	panied by	y a tabulation of the	deviation tests taken on the well in accordan	nce with RULE 111.	
(Title)		All sections of this form must be filled out completely for allowable on new and recompleted walls.			
CEP 1 1985		t only Section I. II, III. such change of cond	, and VI for changes of owner, well name and o	or number, or transporter	
SEP 1 1985			st be filed for each pool in multiply completed	d wells.	
	*1				

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esting Method (pilot, back pt.)	Tubing Pressaure (Shut-in)		Casing Pressure	(ni-tud2)		Choke Size		
itual Prod. Test - MCF/D	iseT to digned		Bbis, Condensat	e/MMCF		Gravity of Co	etsznebny	
AS WELL								
teeT gahud ban leut	Oil - Bbls.		Water · Bbls.			Gas - MCF		
test ic πίχο	Fressure		Casing Pressure			Choke Size		
ste First New Oil Run To Tanks	Date of Test	1	Producing Method	t (Flow. pump. ga	('ɔɪə' 'tɪɪɪ' s			· · · · · · · · · · · · · · · · · · ·
TEST DATA AND REQUEST FC		, T	(Test must be afte depth or be for fu	er recovery of tota Il 24 hours)	volume of load o	ed taum bas lic	lis qot b <del>aa</del> oxa to ot isupa	10) əldewolle o
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET SACKS CEMENT		ŢI			
	тивие, с	GNA , DNISA	CEMENTING	3 RECORD				
enorations			<del></del>			Depth Casin	9 грое	
(DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pa			tqeQ gniduT	ч	
pappnds ajt	Date Compl. Ready to Prod.		Total Depth			.O.T.8.9		, =
- noiselgmate Type of Completion		i liew sac	New Well	Workover	Deepen	ылд Васк		v.səA.thiQ
V. COMPLETION DATA	<del></del>							
							Sold State	



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

State of New Me -Energy, Minerals and Natural Re

**Tepartment** 

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

## OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Anesia, NM 88210		Box 2088 Mexico 87504-2088		/	
DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FOR ALLOWA		ON -		
I.	TO TRANSPORT O	IL AND NATURAL GAS	Well API No.		
Operator Amoco Production Comp	anv			•	
Address	Box 800, Denver, Colora		3004520888		
Reason(s) for Filing (Check proper box)		Other (Please explain)			
New Well	Change in Transporter of:				
Recompletion	Oil Dry Gas Casinghead Gas Condensate				
If always of assentus sine name	neco Oil E & P, 6162 S.	Willow, Englewood, C	Colorado 801		
II. DESCRIPTION OF WELL					
Lease Name	Well No. Pool Name, Inclu	ding Formation		Lease No.	
CASE LS	14 BL <del>ANGO</del> (PI	CTURED CLIFFS)	FEDERAL	SF078095	
Location	AZITC. 800 Feet From the F	CT 1000	To.	PT .	
Unit Letter 0	Feet From The F	SL Line and 1800	Feet From The _F	EL Line	
Section 18 Townshi	ip 31N Range 11W	, NMPM, SA	AN JUAN	County	
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATI	URAL GAS Address (Give address to which ap	proved conv of this form	s is to be sent!	
CONOCO	or Condensate X	P. O. BOX 1429, BLOC			
Name of Authorized Transporter of Casin	gliead Gas or Dry Gas X				
EL PASO NATURAL GAS CO		P. O. BOX 1492, EL I		78	
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge	e. Is gas actually connected?	When ?		
If this production is commingled with that  IV. COMPLETION DATA	from any other lease or pool, give commin	gling order number:			
Designate Type of Completion	Oil Well Gas Well	New Well   Workover   Dec	epen Plug Back Sa	me Res'v Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	L	
Elevations (DF, RKB, RT, GR, etc.)	evations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Tubing Depth	ubing Depth	
Perforations			Depth Casing S	ihoe	
	TIPNIA GLONG AND	ACTUALIZATION DECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SAI	CKS CEMENT	
HOLE SIZE	Ondition 10billo dizz	DEFINITION			
		_			
V. TEST DATA AND REQUE	ST FOR ALLOWABLE	1			
OIL WELL (Test must be after )	recovery of total volume of load oil and mu			full 24 hows)	
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, ga	is lyt, etc.)		
Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF		
GAS WELL					
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Con	densate	
	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	.,	
Testing Method (pitot, back pr.)	ruonig rressure (sina-ur)	Cooling ( (Cooline (Cotton-10)	Giore Size		
VI. OPERATOR CERTIFIC  Thereby certify that the rules and regul Division have been complied with and	lations of the Oil Conservation	OIL CONSE	RVATION D	IVISION	
is true and complete to the best of my		Date Approved _	MAY 08 10	ρq	
J. L. Ham	pton	By3_	is che	<b>/</b>	
Signature J. L. Hampton Signature Printed Name	r. Staff Admin. Suprv	SUPI	ERVISION DIST	RICT # 3	
Janaury 16, 1989	303-830-5025	Title	,		

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.