Submit 5 Copies Appropriate District Office <u>DISTRICT 1</u> P.O. Box 1980, Hobbs, NM 88240

DIALE OF THEM INCARO Energy, Minerals and Natural Resources Department Form C-104 Revised 1-1-89 See Instruction at Bottom of Page

OIL CONSERVATION DIVISION DISTRICE II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

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 3004523879 3004523880 Address 1670 Broadway, P. O. Box 800, Denver, Colorado 80201 Other (Please explain) Reason(s) for I sling (Check proper box) New Well ge in Transporter of: Dry Gas Recompletion (X 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 Lease Name Well No. Pool Name, Including Formation Lease No. LACKEY B LS BASIN (DAKOTA) 15E FEDERAL SF077106 Location Feet From The FNL D 790 Line and 880 Unit Letter Feet From The Township 28N Range 9W SAN JUAN County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Γ X CONOCO . 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) EL PASO NATURAL GAS COMPANY . O. BOX 1492, EL PASO, TX 79978 If well produces oil or liquids, Twp. Rge. Unit Sec. is gas actually connected? When? give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order numbers IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back | Same Res'v | Diff Res'v Designate Type of Completion - (X) Total Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Choke Size Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Water - Bbls. Oil - Bbls. GAS WELL Actual Prod. Test - MCF/D Bbis, Condensate/MMCF Length of Test Gravity of Condensate Casing Pressure (Shut-in) lesting Method (pitot, back pr.) Tubing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE

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

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above

· Stample

is true and complete to the best of my knowledge and belief.

J. L. Hampton

Janaury 16, 1989

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Date Approved

By_

Title_

OIL CONSERVATION DIVISION

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SUPERVISION DISTRICT # 3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Sr. Staff Admin. Suprv.

303-830-5025 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.