Submit 5 Copies
Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

## Energy, Minerals and Natural Resources Department

rorm C-194 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Amoco Production Company 3004524686 1670 Broadway, P. O. Box 800, Denver, Colorado 80201 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of:

Dry Gas New Well Recompletion 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 Well No. Pool Name, Including Formation Lease No. Lease Name PRITCHARD BASIN (DAKOTA) FEDERAL SF078487 Location 800 Feet From The FSL Line and 800 Feet From The FEL Section 4 Township 29N Range8W , NMPM, SAN JUAN County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil  $\Gamma$ 3 or Condensate O. BOX 1429, BLOOMFIELD, NM 87413 CONOCO 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 Twp. is gas actually connected? Sec. If well produces oil or liquids, Unit 1 ---- 1\_--\_\_\_ If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Deepen | Plug Back | Same Res'v | Diff Res'v Oil Well | Gas Well New Well | Workover Designate Type of Completion - (X) l'otal Depth Date Spudded Date Compl. Ready to Prod. P.B.T.D. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE be equal to or exceed top allowable for this depth or be for full 24 hows.) () IL WELL (Test must be after recovery of total volume of load oil and m. Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Water - Bbls. Actual Prod. During Test Oil - Bbls. GAS WELL Gravity of Condensate Actual Prod. Test - MCF/D Bbls, Condensate/MMCF Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut in) lesting Method (pitot, back pr.) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION 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. MAY 08 1989 Date Approved \_ By\_ Supature

J. L. Hampton

Printed Name SUPERVISION DISTRICT # 3 Staff Admin. Suprv.
Title
303-830-5025

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

Janaury 16, 1989

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

Title\_\_

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.