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

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

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

If well produces oil or liquids,

vive location of tanks.

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
REQUEST FOR ALLOWABLE AND AUTHORIZATION

TO TRANSPORT OIL AND NATURAL GAS I. Well API No Operator Amoco Production Company 3004524444 Address 1670 Broadway, P. O. Box 800, Denver, Colorado 80201 Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of: New Well Dry Gas 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 H. DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation Lease Name BLANCO (MESAVERDE) OTERO (CHARTEE PAYNE A FEE Location Feet From The FSL _ Line and 2080 Unit Letter ____N Feet From The FWL Line Section 19 Township 29N Range10W , NMPM, 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) or Condensate x. GIANT REFINING O. BOX 256, FARMINGTON, NM 87499 or Dry Gas [X Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS COMPANY . O. BOX 1492, EL PASO, TX 79978

Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'
Date Spudded	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas I	l'ay		Tubing Depth		
Perforations	I		Depth Casing Shoe						
	7	TUBING, C	ASING AND	CEMENTII	NG RECOR	D	-t		
HOLE SIZE	CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT		
	l .			1					

OIL WELL (Test must be after re	covery of total volume of load oil and must	be equal to or excred top allowable for this	depth or be for Juli 24 hours.)					
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure	Casing Pressure	Choke Size					
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF					
GAS WELL	<u> </u>							

GAS WELL
| Actual Prod. Test - MCF/D | Length of Test | Bbis. Condensate/MMCF | Gravity of Condensate |
| Iesting Method (pitor, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | Choke Size |

VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby 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.

Signature

J. L. Hampton Sr. Staff Admin. Suprv.
Printed Name
Janaury 16, 1989

Suprature
Janaury 16, 1989

Title

OIL CONSERVATION DIVISION

When ?

Date Approved MAY 08 1989

By Supervision district # 3

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

 Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title_

- 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.

I Sec.

Unit

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

1

DISTRICTAIL 1000 Rio Brazes Rd., Aziec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS 1 Well API No. Operator 3004524444 Amoco Production Company 1670 Broadway, P. O. Box 800, Denver, Colorado 80201 Other (Please explain) Reason(s) for liling (Check proper box) Change in Transporter of: New Well Dry Gas Oil Recompletion Casinghead Gas [] Condensate [] íΧ Change in Operator If change of operator give name and address of previous operator and address of previous operator. Tenneco Oil E & P, 6162 S. Willow, Englewood, Colorado 80155 II. DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation Lease Name BLANCO (MESAVERDE) FEE PAYNE A Location _ Feet From The FWL Feet From The FSL Line and 2080 Unit Letter N :.... 530 Section 19 Township 29N SAN JUAN Range10W , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) GR Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas X . O. BOX 1492, EL PASO, TX 79978 EL PASO NATURAL GAS COMPANY Twp. Is gas actually connected? When? Sec. Rge. If well produces oil or liquids, Unit vive location of tanks. .1_.. 1 I If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v Oil Well Gas Well Designate Type of Completion - (X) Total Depth Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 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.) 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 Gas. MCF Oil - Hbls. Actual Prod. During Test GAS WELL Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Casing Pressure (Shut-in) lesting Method piter, back pr.) Tubing Pressure (Shut-in) 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 Date Approved MAY 08 1999 is true and complete to the best of my knowledge and belief. Hampton Sr. Staff Admin. Suprv Tide 303-830-5025 SUPERVISION DISTRICT # 3 L. Hampton Suprv. Printed Name Title_ Janaury 16, 1989 Telephone No.

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

- 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 87504-2038

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	T	O TRA	NSPC	RT OIL	AND NA	TURAL G				,	
Operator Amoco Production Company					Well API No.						
Amoco Production Compa	3004524444										
1670 Broadway, P. O. E	30x 800,	Denve	er, C	olorad	o 80201						
Reason(s) for Filing (Check proper box)		_	•		Oth	et (Please expli	ain)				
New Well Recompletion	Oil	Change in	Dry Gas	4							
Change in Operator	Casinghead										
If change of operator give name and address of previous operator Tenn	eco Oil	E & F	P. 610	62 S. 1	Willow,	Englewoo	d, Colo	rado 80	155		
and address on previous operation											
H. DESCRIPTION OF WELL A Lease Name			Pool Na	me, Includi	ng Formation				La	ease No.	
PAYNE A	1E BASIN (DAKOTA)					FEE		FEE			
Location	E 2.0			E.C.	т	2000			Tet II	-	
Unit Letter N	:530	, 	Feet Fro	m The F.S.	L Lin	and 2000	Fe	et From The	LMT	Line	
Section 19 Township	,29N		Range ¹⁶	OW	, NI	ирм,	SAN J	UAN		County	
III. DESIGNATION OF TRAN				NATU							
Name of Authorized Transporter of Oil CONOCO GR		or Condens	sale [<u>x</u>	1		* -		orm is to be se	ni)	
Name of Authorized Transporter of Casing	head Gas	<u></u>	or Dry C	las [X]		X 1429, e address to wi			orm is to be se	nt)	
, ,	L PASO NATURAL GAS COMPANY				1	X 1492,					
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 f IV. COMPLETION DATA	rom any othe	er lease or p	ool, give	commingl	ing order num	per:					
Designate Type of Completion	- (X)	Oil Well	6	as Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.				Total Depth	<u> </u>		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	GR, etc.) Name of Producing Formation				Top Oil/Gas	hay		Tubing Depth			
Perforations	L				ļ			Depth Casir	Depth Casing Shoe		
					OEL JOLIUM	IG BEGOR		<u> </u>			
TUBING, CASING AND				CEMENTI	DEPTH SET		1	SACKS CEMENT			
HOLE SIZE	HOLE SIZE CASING & TUBING SIZE					DET THE SET		Oriono dell'illi			
	l										
V. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		l			1			
OIL WELL (Test must be after re Date First New Oil Run To Tank		al volume o		l and must		exceed top allo thod (Flow, pr			for full 24 how	rs.)	
Length of Test	The December			Casing Press			Choke Size	Choke Size			
	Tubing Pressure						Gas- MCF				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			026-19701			
GAS WELL											
Actual Prod. Test - MCI//D	Length of T	csl			Bbls. Condensate/MMCF			Gravity of Condensate			
lesting Method (p.tot, back pr.)	Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	CE				<u> </u>			
I hereby certify that the rules and regulations of the Oil Conservation				OIL CONSERVATION DIVISION							
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Data Approved MAY 0.8 1989							
	,				Date	Approve	· · · · · · · · · · · · · · · · · · ·		1 /		
J. J. Stam	Dlan				By_		المندط). <i>S</i>	um/		
Signature	. Staff		. Sur	rv.	"		SUPERV:	ISION D	STRICT	# 3	
Printed Name Janaury 16, 1989			Title		Title						
Date			obone No								

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