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

State of New Me: Energy, Minerals and Natural Res

epartment

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe. New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Amoco Production Company 3004511652 Address 1670 Broadway, P. O. Box 800, Denver, Colorado 80201 Other (Please explain) Reason(s) for Ulling (Check proper box) 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 II. DESCRIPTION OF WELL AND LEASE Lease No. Well No. Pool Name, Including Formation Lease Name SF080004 FLORANCE BLANCO (PICTURED CLIFFS) Location Feet From The FSL Line and 1060 Feet From The FWL Range9W SAN JUAN Section 14 Township 30N NMPM. 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 or Condensate . O. BOX 1429, BLOOMFIELD, NM 87413 CONOCO 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 Is gas actually connected? When? If well produces oil or liquids, give location of tanks. Unit Twp. Rge. 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 Gas Well Oil Well Designate Type of Completion - (X) PRID Date Spudded Date Compl. Ready to Prod. Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD CASING & TUBING SIZE DEPTH SET SACKS CEMENT HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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 Length of Test Casing Pressure Tubing Pressure Water - Bbls. Actual Prod. During Test. GAS WELL Bbls, Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Length of Test Tubing Pressure (Shut in) Casing 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. Date Approved _ MAY 08 1989 Hampton

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

Signature

Date

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

Title.

SUPERVISION DISTRICT # 3

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

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.

Sr. Staff Admin. Suprv...