STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

NO. OF COPIES RECEIV	ED		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER			
IRANSPURIER	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	OIL	 			REOL	JEST FOI	RALLOW	ARI F				
OPERATOR	GAS	+-1			TIEGO		ND	ADLL	f:			
PRORATION OFFICE		+	ALIA	THODIZ	ATION TO			. AND NATU	BALGAS			
			AUI	HONIZ	AHON 10	INANOF	ONI OIL	AND NATO	THE GAS		A TAP R	5 _
Derator									<i>U</i> (152	100 10	
Tenneco Oil	Comr									07-2	6,73	' <i>H!!</i>
		outly L								35P 06	CUA	
P. O. Box 3	249,	Engle	wood, C	08 C	155				O	IL Com	აშე	* drauge
Reason(s) for filing (Cher	ck proper	box)					· · ·	Other (Please e	explain)	<u> </u>	1	
	, .		Transactor o	.4.						4000 j	6 3/s	
New Well			Transporter o	л.						***		
Recompletion		님애			☐ Dry G			Well !	Nama			
	iip	Casi	inghead Gas		L∆ Condi	ensate		METT	Aome			
If change of ownership gi and address of previous	owner			Natu	ral Gas	, P.O.	Box 4	990, Farı	mington,	NM 87499		
II. DESCRIPTION O	<u> OF WEI</u>	LL AND			Deal Name (a)	udio Famo			I Vind of Loop			T. Lana Na
Lease Name					Pool Name, Inc	-	ition		Kind of Lease State, Federal	or Fee USA		Lease No.
Barnes LS				BA	Blanco	-MV				SF		078655
Location												
Unit Letter	I	:_	1500		Feet From The	S	 	Line and	1150	Feet From The	E	
	26				2.281			4 411				
Line of Section			Townshi	<u>p</u>	32N		Range	11W	<u>, N</u>	_{імРм,} San Ju	an	County
III. DESIGNATION Name of Authorized Trans Conoco Inc. Name of Authorized Trans El Paso Nati	Surf sporter of 0	Oil or C ace Tr Casinghead	ondensate X ransport	tatio	n	AL GAS	P. Address (G	O. Box 46	50, Hobbs	of this form is to be s NM 88240 of this form is to be s	ent)	
LI PASO NACI	mi or r		Unit	Sec.	Twp.	Rge.		ally connected?		nington, NM ^{Vhen}	8/499	
If well produces oil or liquingive location of tanks.	uids,		I	26	32N	11W	is gas acit	Yes	ľ	•11611		
If this production is commi	ingled with	that from ar	ny other lease o	r pool, giv	e commingling	order number						
NOTE: Complete I	Parts IV	/ and V o	on reverse	side if	necessary	<i>t</i> .						
VI. CERTIFICATE	OF CO	MPLIAN	CE					•	OIL CONSE	RVATION DIVIS	04PJ) C 100C
I hereby certify that the ru	ules and re	gulations of	i the Oil Conse	rvation Di	vision have bee	en complied	APPRO	VED		/ \) LT L), 6 <u>9 1985</u>
with and that the informa							BY	8	150	June		•
Δ		•						مرد		X		
J. At	ME	Luc	4.1				TITLE			U SU	PERVISOR	DISTRICT # 3
Vis C	111-	NIVER	· J				11	rm is to be filed in				
Sr. Regulator	ry An		inature)							vly drilled or deepened taken on the well in a		
		(Title)				11			completely for allowab		
		SEP	1 1095	,			11	only Section I, II,		nges of owner, well na	ne and or nu	mber, or transporter,

Separate Forms C-104 must be filed for each pool in multiply completed wells.

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

v'zeA 'hid

Date	Date Spudced						
Designate Type of Completion — (X)							
(X)	— Designate Type of Completion —						

SACKS CEMENT	T38 HT930	CASING & TUBING SIZE	HOLE SIZE
	ир семеитіма весовр	TUBING, CASING, A	
Depth Casing Shoe			Su
Depth Casing Shoe	THE CENTERIANCE DECORDS	V SNISVS SNIGHT	
Tubing Depth	Top Oil/Gas Pay	Name of Producing Formation)F, RKB, RT, GR, etc.)

Total Depth

New Well

Gas Well

Мотколег

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL depth or be for full 24 hours)

P.B.T.O.

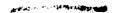
Plug Back

Date First New Oil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)

Length of Test Tength of Test Tubing Pressure Casing Pressure Choke Size Actual Prod Dunng Test Oil - Bbls, Water - Bbls, Gas - MCF

Actual Prod Dunng Test Oil - Bbls. Water - Bbls. Gas - MCF

		<u> </u>		
Testing Method (pilot, back pt.)	Tubing Pressaure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
(30 Aped Tollo) bod eM partseT	(ni.tud2) enussaerg mriduT	(ai tuda) aurasea paisea	32/2 0/040	-
Actual Proc. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
JJEW CAL				



Date Compl. Ready to Prod.

IIeW IIO

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

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 State of New N Energy, Minerals and Natural R

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

DISTRICT III 1000 Rio Brazas Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	TOTE	RANSPORT OIL	LAND NATURAL GA					
Operator				Well A				
Amoco Production (ompany				22460			
1670 Broadway, P.	O. Box 800, Den	ver, Colorad	lo 80201					
Reason(s) for l'iling (Check proper	box)		Other (Please expla	ain)				
New Well		in Transporter of:						
Recompletion L. Change in Operator	_	Dry Gas Condensate						
If change of operator give name			Willer Frederice	d Cala	- J - 001			
and address of previous operator	Tenneco OII & a	r, 0102 5.	Willow, Englewoo	a, color	ado 801	25		
H. DESCRIPTION OF W	continued that the extrapolation is seen							
Lease Name	Weil No	` .		eener	1 4 7	1	ase No.	
BARNES LS Location	8A	BLANCO (MES	DAVERUE J	FEDER	(AL	_ _82078	VCC01	
Unit LetterI	: 1500	Feet From The FS	Line and 1150	Fee	t From The _F	EL	Line	
Section 26 To	ownship 32N	Range 11W	, NMPM,	SAN JU	JAN		County	
III. DESIGNATION OF T							.,	
Name of Authorized Transporter of	Oil or Conc	iensale X	Address (Give address to wi	**			u)	
CONOCO Name of Authorized Transporter of	Casinghead Cas []	or Dry Gas [X]	P. O. BOX 1429, Address (Give address to wi				u)	
EL PASO NATURAL GAS		OI DIJ Cas [X]	P. O. BOX 1492.				_,	
If well produces oil or liquids,	Unit Sec.	Twp. Rge.	1	When				
give location of tanks.	سد لد بارین	,,- ,	<u> </u>					
If this production is commingled will IV. COMPLETION DATA	<u> </u>					D. 1	been e	
Designate Type of Compl	JOILW etion - (X)	ell Gas Well 	New Well Workover	Deepen	Plug Back S	атыс кев ч	Diff Res'v	
Date Spudded	Date Compl. Ready	Total Depth	.11	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	(levations (DF, RKB, RI, GR, etc.) Name of Producing Formation				Tubing Depth	ubing Depth		
Perforations			1		Depth Casing	Shoe		
	TUBING	G. CASING AND	CEMENTING RECOR	D				
HOLE SIZE		TUBING SIZE	DEPTH SET		SA	CKS CEME	NT	
V. TEST DATA AND RE	•							
OIL WELL (Test must be Date First New Oil Run To Tank	after recovery of total volum	ne of load oil and mus	Producing Method (Flow, p.			full 24 hour	s.)	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod Dunng Test	Oil - Bbls.		Water - Bbls.		Gas- MCF			
GAS WELL								
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Cor	noensale		
Testing Method (pitot, back pr.)	Tubing Pressure (Si	hut in)	Casing Pressure (Shut-in)		Choke Size			
VI. OPERATOR CERT	TEICATE OF CON	ADI IANCE	<u> </u>		L			
Thereby certify that the rules an			OIL CON	ISERV	ATION D	IVISIC	N	
Division have been complied w	ith and that the information g	given above		u	AV 00			
is true and complete to the best	or my knowledge and belief.	•	Date Approve	d	AY 08 19	189		
(L. L H	un Otan			るシュン	\mathcal{A}	/		
Signature C. 10	my wow		Ву		. —	Υ		
J. L. Hampton Printed Name	Sr. Staff Adm	Title	Title	11113	re1d no1	RICT#	5	
Janaury 16, 1989		-830-5025						

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.