

TABULATION OF DEVIATION TESTS

TENNECO OIL COMPANY

H. 28 - 31N - 9W

DEPTH : INCLINATION

260	1/2°
806	3/4°
1308	3/4°
2048	1°
2520	1/4°
3030	1/2°
4511	1°
5011	1 1/4°
5511	1 1/2°
6237	1 3/4°
6834	2°

DEPTH INCLINATION



AFFIDAVIT

This is to certify that to the best of my knowledge, the above tabulation details the deviation test taken on Tenneco Oil Company's well: HORTON 1E

Signed

Carley Watkins
Agent for Tenneco Oil Company
Carley Watkins, Asst. Div. Adm. Mgr.

THE STATE OF COLORADO)
CITY AND COUNTY OF DENVER)

Before me, the undersigned authority, on this day, personally appeared,

Carley Watkins, known to me to be an Agent for Tenneco Oil

Company, and to be the person whose name is subscribed to the above

statement, who, being by me duly sworn on oath, states that he

has knowledge of the facts stated herein, and that said statement is true

and correct. Subscribed and sworn to before me, a Notary Public in and

for said County and State, this _____ day of October, 1980.

Charles C. Volante
Notary Public

My Commission Expires:

June 4, 1983

OIL CONSERVATION DIVISION

DISTRICT 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

Operator Amoco Production Company		Well API No. 3004524244
Address 1670 Broadway, P. O. Box 800, Denver, Colorado 80201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Tenneco Oil & P, 6162 S. Willow, Englewood, Colorado 80155		

II. DESCRIPTION OF WELL AND LEASE

Lease Name HORTON	Well No. 1E	Pool Name, Including Formation BASIN (DAKOTA)	FEDERAL	Lease No. SF080004
Location Unit Letter H Section 28 Township 31N Range 9W Feet From The FNL Line and 890 Feet From The FEL Line NMPM, SAN JUAN County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) CST					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) EL PASO NATURAL GAS COMPANY					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

If this production is commingling with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
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 Pay		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.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

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.

J. L. Hampton
Signature
J. L. Hampton Sr. Staff Admin. Suprv.
Printed Name
Janaury 16, 1989 303-830-5025
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 08 1989**

By

B. D. Humph
SUPERVISION DISTRICT #3

Title

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.