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Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resou. --- perpartment

Form C-104 Revised 1-1-89 See Instruction 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 REQUEST FOR ALLOWABLE AND AUTHORIZATION DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 TO TRANSPORT OIL AND NATURAL GAS Well API No. 3004524651 Operate Amoco Production Company 1670 Broadway, P. O. Box 800, Denver, Colorado 80201 Other (Please explain) Reason(s) for 1 iling (Check proper box) Change in Transporter of: Dry Gas New Well If change of operator give name and address of previous operator Tenneco Oil E & P, 6162 S. Willow, Englewood, Colorado 80155 Recompletion Casinghead Gas Condensate Lease No. II. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Formation SF078147 FEDERAL Lease Name BASIN (DAKOTA) 2E MOORE C Feet From The FSL Line and 1550 Location 1100 Unit Letter _ SAN JUAN , NMPM, Range12W Section 26 Township 32N III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Addicas (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Name of Authorized Transporter of Casingliead Gas or Dry Gas [X] Address (Give address to which approved copy of this form is to be sens) EL PASO NATURAL GAS COMPANY Rge. is gas actually connected? Twp. Sec. If well produces oil or liquids, 1 ____1 give location of tanks. If this production is conuningled with that from any other lease or pool, give commingling order number: Plug Back Same Res'v Diff Res'v IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Designate Type of Completion - (X) P.B.T.D. Total Depth Date Compl. Ready to Prod. Date Spudded Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe l'erforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (l'est must he after recovery of total volume of load oil and must be equal to or excerd top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) OIL WELL Date of Test Date First New Oil Run To Tank Casing Pressure Tubing Pressure Length of Test Gas MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test Gravity of Condensate GAS WELL Ibls. Condensate/MMCF Actual Prod. Test - MCF/D Casing Pressure (Shut-in) Tubing Pressure (Shut in) lesting Method (pilot, back pr.) OIL CONSERVATION DIVISION VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Date Approved MAY 08 1989 Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Zw) Bh L. Hampton SUPERVISION DISTRICT # 3

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

L. Hampton

Janaury 16, 1989

Printed Name

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.

Sr. Staff Admin. Supry.

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.