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

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

State of New Mexico Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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 3003920794 Amoco Production Company 1670 Broadway, P. O. Box 800, Denver, Colorado Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of: New Well Dry Gas Recompletion X 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 SAN JUAN 28-7 UNIT OTERO (CHACRA) FEDERAL SF078565A Location Feet From The $^{\mathrm{FSL}}$ _ Line and 1830 _ Feet From The FWL 1710 Line Unit Letter Range 7 W RIO ARRIBA Township 27N Section 5 III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil ľXJ Address (Give address to which approved copy of this form is to be sent) or Dry Gas [X] Name of Authorized Transporter of Casinghead Gas . O. BOX 1492, EL PASO, TX 79978 EL PASO NATURAL GAS COMPANY is gas actually connected? When 7 Twp. Unit Sec. Rge. If well produces oil or liquids, give location of tanks. -1 1 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well Deeben | Plug Back | Same Res'v | Diff Res'v New Well | Workover Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded Top Oil/Gas Pay Tubing Depth Elevations (DF, RAB, RT, GR, etc.) Name of Producing Formation Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE ust be equal to or exceed top allowable for this depth or be for full 24 hows.) (Test must be after recovery of total volume of load oil an OIL WELL Producing Method (Flow, pump, gar lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. GAS WELL Length of Test Bbis, Condensate/MMCF Gravity of Condensate Actual Prod. Test - MCF/D Casing Pressure (Shut-in) Choke Size Tubing 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 MAY 08 1989 is true and complete to the best of my knowledge and belief. Date Approved ____ 3.1) Ch Hampton By ___ Signature SUPERVISION DISTRICT # 3 L. Hampton Staff Admin. Suprv. Title 303-830-5025

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

Printed Name

Tate

Janaury 16, 1989

1) 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.

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.