

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

State of New Mexico  
Energy, Minerals and Natural Resources 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 II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Amoco Production Company Well API No. 3004506273  
Address 1670 Broadway, P. O. Box 800, Denver, Colorado 80201  
Reason(s) for Filing (Check proper box)  Other (Please explain)  
New Well  Change in Transporter of:  Oil  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 Name BOLACK C LS Well No. 1 Pool Name, Including Formation BLANCO SOUTH (PICT CLIFFS) FEDERAL Lease No. SF079232  
Location  
Unit Letter A 990 Feet From The FNL Line and 990 Feet From The FEL Line  
Section 28 Township 27N Range 8W , NMPM, SAN JUAN County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil  or Condensate  Address (Give address to which approved copy of this form is to be sent)  
Name of Authorized Transporter of Casinghead Gas  or Dry Gas  Address (Give address to which approved copy of this form is to be sent)  
EL PASO NATURAL GAS COMPANY P. O. BOX 1492, EL PASO, TX 79978  
If well produces oil or liquids, give location of tanks. Unit | Sec. | Twp. | Rge. Is gas actually connected? | When ?

If this production is commingled 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, R&B, RT, GR, etc) | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth  
Perforations | | | Depth Casing Shoe  
HOLE SIZE | TUBING, CASING AND CEMENTING RECORD | | |  
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 (piston, 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 Title  
January 16, 1989 303-830-5025  
Date Telephone No.

OIL CONSERVATION DIVISION  
Date Approved MAY 08 1989  
By [Signature]  
Title SUPERVISION DISTRICT #3

- 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.