ibituit 5 Copies opropriate District Office 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 Instruction at Bottom of Pa

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT CIL AND NATURAL GAS Well API No. Amoco Production Company 3004507047 Address
1670 Broadway, P. O. Box 800, Denver, Colorado 80201 Reason(s) for I ling (Check proper box)
New Well
Recompletion Other (Please explain) Change in Transporter of: Dry Gas П Change in Operator Casinghead Gas Condensate If change of operator give name

Tenneco Oil E & P, 6162 S. Willow, Englewood, Colorado 80155 IL DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation
4 | BLANCO SOUTH (PICT Lease No. BLANCO SOUTH (PICT CLIFFS) FEDERAL SF078566 Location Unit LetterB Feet From The FNL Line and 1650 Feet From The FEL Section 34 Township 28N Range8W SAN JUAN , NMPM, HI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Namx of Authorized Transporter of Oil

Or Condensate

Address (Given to Authorized Transporter) Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas EL PASO NATURAL GAS COMPANY or Dry Gas [X Address (Give address to which approved copy of this form is to be sent) P. O. BOX 1492, EL PASO, TX 79978
la gas actually connected? | When 7 If well produces oil or liquids, Unit Rge. Is gas actually connected? If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well | Gas Well New Well | Workover | Doepen | Plug Back | Same Res'v | Diff Res'v Designate Type of Completion - (X) Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD TUBING, CASING AN
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 a
Date First New Oil Run To Tank Date of Test e equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Oil - Bbls Water - fible Actual Prod. Test - MCF/D Bbls. Condensate/MMCF Testing Method (pilot, back pr.) lubing Pressure (Shul in) Casing Pressure (Shut-in) 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 1099 is true and complete to the best of my knowledge and belief. Signature

J. L. Hampton Sr. Staff Admin. Supry
Printed Name
Janaury 16, 1989

Date

Date Date Approved . 3-12 d 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

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.

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

OIL CONSERVATION DIVISION P.O. Box 2088

State of New Mexico Energy, Minerals and Natural Resources Department

DISTRICE II P.O. Diawer DD, Anesia, NM 88210		P.O. B	ox 2088		•		
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		·	exico 87504-208				
I.			BLE AND AUTH - AND NATURA	-			
Among Production Company					ell API No.		
Address 1670 Broadway, P. O.	. 00201	13004	507047				
Reason(s) for Filing (Check proper box)	box 800, Den	ver, colorad	0 80201 Other (Please	e explain)			
New Well Recompletion		n Transporter of:					
Change in Operator	Casinghead Gas						
If change of operator give name and address of previous operator Ten	neco Oil E &	P, 6162 S.	Willow, Engle	wood, Colo	r a do 801	55	
II. DESCRIPTION OF WELL Lease Name	AND LEASE Well No.	Pool Name, Includi	ng Eremetion			Lease N	
STOREY LS	4			FEDE			
Location Unit Letter B	900	Feet From The FN	L Line and 16	550 _{Fe}	et From The _F	EL	_Line
Section 34 Townsh	_{ip} 28N	Range 8W	, NMPM,	SAN J			ounty
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS				
Name of Authorized Transporter of Oil	or Conde		Address (Give address	to which approved	copy of this form	n is to be sent)	
Name of Authorized Transporter of Casin EL PASO NATURAL GAS CO		or Dry Gas [X]	Address (Give address	to which approved			
If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	is gas actually connect		· · · · · · · · · · · · · · · · · · ·	.10	
If this production is commingled with that	from any other lease or	pool, give commingl	ing order number:				
IV. COMPLETION DATA	· · · · · · · · · · · · · · · · · · ·		,				
Designate Type of Completion	- (X) Oil Wel	Gas Well	New Well Worko	ver Deepen	Plug Back Sa	me Res'v Diff	Res'v
Date Spudded	Date Compl. Ready to	o Prod.	Total Depth		P.B.T.D.		
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay Tubing Dep					
Perforations			I		Depth Casing S	Shoe	
· · · · · · · · · · · · · · · · · · ·	TUBING	. CASING AND	CEMENTING RE	CORD			
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT		
V. TEST DATA AND REQUE	ST FOR ALLOW.	ABLE	l				
OH, WILL, (Test must be after the Date First New Oil Run To Tank	Date of Test	of load oil and must	be equal to or exceed to Producing Method (Flo			full 24 hows.)	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
					0		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.		Gas- MCF		
GAS WELL							
Actual Prod. Test - MCF/D	Length of Test		Bbls, Condensate/MMCF		Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shu	i-in)	Casing Pressure (Shut-	in)	Clioke Size		
VI. OPERATOR CERTIFIC	ATE OF COME	PLIANCE	011.0	ONO = 514			
I hereby certify that the rules and regul Division have been complied with and	OIL CONSERVATION DIVISION						
is true and complete to the best of my		· •	Date Appre		08 1989		
J. L. Ham	Stan			るしい	Chang	/	
S posture J. L. Hampton Sr	Ву	SUPERVISI	ON DISTRI	CT#3			
Printed Name Janaury 16, 1989	Staff Admin	Title 830-5025	Title				
Date		phone No.					

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.

- 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.