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Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 See Instructions at Bottom of Page

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 Bratos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Amoco Production Company 3004511762 1670 Broadway, P. O. Box 800, Denver, Colorado 80201 Other (Please explain) Reason(s) for Liling (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 FEDERAL FLORANCE C LS 11 BLANCO SOUTH (PICT CLIFFS) NM003549 Location Feet From The FSL Line and 800 1180 Feet From The FEL SAN JUAN Section 30 Range8W , NMPM, County Township 28N 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  $\Gamma$ ŒΣ (SI or Dry Gas [X Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas . O. BOX 1492, EL PASO, TX 79978 EL PASO NATURAL GAS COMPANY When ? is gas actually connected? Twp. If well produces oil or liquids, Unit Rge. give location of tanks. 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 Deepen Plug Back Same Res'v Designate Type of Completion - (X) Date Compl. Ready to Prod. P.B.T.D. Date Spudded Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Depth Casing Shoe Perforations TUBING, CASING AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE HOLE SIZE V. TEST DATA AND REQUEST FOR ALLOWABLE (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.) OIL WELL Producing Method (Flow, pump, gas lyt, etc.) Due First New Oil Run To Tank Date of Test Choke Size Casing Pressure Length of Test Tubing Pressure Actual Prod During Test Oil - Bbls. Water - Bbls. CAS WELL. Bbls. Condensate/MMCI Gravity of Condensate Actual Prod. Test - MCF/D lesting Method (pitot, back pr.) Casing Pressure (Shut-in) Tubing Pressure (Shut-in) VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION Thereby 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. Date Approved MAY 08 1989 Stample L. Hampton Staff Admin. Suprv.

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

Janaury 16, 1989

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title\_

SUPERVISION DISTRICT # 3

2) All sections of this form must be filled out for allowable on new and recompleted wells.

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.