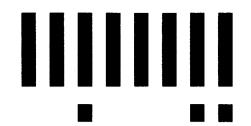
| WO. OF COPIES MEC | 114.0 | | |
|-------------------|-------|--|----|
| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | L_ |
| LAND OFFICE | | | |
| IRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OF | FICE | | |
| A | | | |

NEW MEXICO OIL CONSERVATION COMMISSION

| Ī | SANTA FE | | OR ALLOWABLE | Supersedes Old C-104 and C-11(Effective 1-1-65 | | | | | | | |
|---|---|--|---|--|--|--|------------------------|--|-------|--|--|
| - | U.S.G.S. | | AND SPORT OIL AND NATURAL GA | N S | | | | | | | |
| 1 | LAND OFFICE | ADTHORIZATION TO TRAIN | | | | | | | | | |
| 1 | IRANSPORTER OIL | | | | | | | | | | |
| ļ | GAS | | | | | | | | | | |
| | PROPATION OFFICE | | | | | | | | | | |
| 1. | Operator | mn any | | | | | | | | | |
| | Tenneco Oil Con | прапу | | | | | | | | | |
| | P. O. Box 3249 | , Englewood, CO. 80155 | | | | | | | | | |
| | Reason(s) for filing (Check proper box) | | Other (Please explain) | | | | | | | | |
| | New Well | Change in Transporter of: Oil Dry Gas | | | | | | | | | |
| | Recompletion Change in Ownership | Casinghead Gas Condense | are 🔼 | | | | | | | | |
| | | | | | | | | | | | |
| | If change of ownership give name and address of previous owner | | | | | | | | | | |
| | | DACE | | | | | | | | | |
| ◨. | DESCRIPTION OF WELL AND LI | Mell Mo. Poor teame, mersering | | 070000 | | | | | | | |
| | Bolack B | 5 Basin Dakot | a State, Federal | 31 079232 | | | | | | | |
| | Location | 50 Feet From The South Line | 1625 Feet From T | East | | | | | | | |
| | Unit Letter;: | Feet From TheLine | G | | | | | | | | |
| | Line of Section 31 Town | ship 27N Range | 8W , nm pm, | San Juan County | | | | | | | |
| | | AND NATURAL CAS | • | | | | | | | | |
| ۵. | DESIGNATION OF TRANSPORTI | or Condensate | Address (Give address to which approv | ed copy of this form is to be sent) | | | | | | | |
| | Conoco Inc Surface | Transportation | P. O. Box 460. Hobbs. | NM 88240 | | | | | | | |
| | Name of Authorized Transporter of Casis | nghead Gas or Dry Gas X | P. O. Box 4990, Farmir | naton NM 87499 | | | | | | | |
| | El Paso Natural Gas | ting Sec. Twp. Pge. | Is gas actually connected? Whe | er. | | | | | | | |
| | If well produces oil or liquids, | Unit Sec. Twp. P.ge. J 31 27N 8W | Yes | | | | | | | | |
| | give location of tanks. If this production is commingled with | | give commingling order number: | | | | | | | | |
| IV. | If this production is commingled with COMPLETION DATA | | New Well Workover Deepen | Plug Back Same Resty. Diff. Resty. | | | | | | | |
| , . | Designate Type of Completion | Oil woil | | | | | | | | | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | | | | | | | |
| | | | | Tubing Depth | | | | | | | |
| | Elevations (DF, RKB, RT, GR, etc., | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | | | | | | | |
| | | | | Depth Casing Shoe | | | | | | | |
| | Perforations | | | | | | | | | | |
| | | TUBING, CASING, AND | CEMENTING RECORD | SACKS CEMENT | | | | | | | |
| | HOLE SIZE | CASING & TUBING SIZE | | , | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | t and and and and and and | and must be equal to or exceed top allow- | | | | | | | |
| V | . TEST DATA AND REQUEST FO | OR ALLOWABLE (Test must be of able for this de | DIA OF BE JOY JULE 24 NOWEL | | | | | | | | |
| | Oll, WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flow, pump, ges I | | | | | | | | |
| | | | Couling Pich [C] | Short Bas | | | | | | | |
| | Length of Teet | Tubing Pressure | | | | | | | | | |
| | Actual Prod. During Teet | Oil-Bbls. | APR 01 198 | 5 GarietiCF | | | | | | | |
| | Actual Proc. Demis | | ATTOLIS | | | | | | | | |
| | OIL CON. DIV | | | | | | | | | | |
| | GAS WELL Actual Prod. Tool-MCF/D | Length of Test | Bhis. Condensate/AMCDIST. | Gravity of Condensate | | | | | | | |
| | Actual Prod. 1001-mor/2 | | | Choke Sise | | | | | | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Cosing Pressure (Shut-in) | Choice 2124 | | | | | | | |
| | | | OIL CONSERV | ATION COMMISSION | | | | | | | |
| V | I. CERTIFICATE OF COMPLIAN | CE | | APR 04 1985 | | | | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief. [Signature] | | | APPROVED | | | | | | | | |
| | | | By Trunk Jave | | | | | | | | |
| | | | SUPERVISOR DISTRICT # | | | | | | | | |
| | | | TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. | | | | | | | | |
| | | | | | | | Sr. Regulatory Analyst | | | att sections of this form E | bust be filled out completely for allow- |
| | | | | | | | | | itle) | able on new and recompleted water. Fill out only Sections I. III., and VI for changes of owner, Fill out only Sections I. III. and vI for change of condition. | |
| | March 27, 1985 | lean i | | | | | | | | | |
| (Date) | | | Separate Forms C-104 must be filed for each pool in multiply | | | | | | | | |

The second secon







Job separation sheet

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240 DISTRICE 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 Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

| 1000 Rio Brazos Rd., Aziec, NM 87410 L. | REQUEST | FOR ALLOV | VABLE AND AUTHO | PRIZATION | | | |
|---|--|---------------------|-------------------------------|--|-----------------------------|----------------|-----------|
| Operator | 1018 | RANSPORT | OIL AND NATURAL | | API No. | | |
| Amoco Production Com | pany | | | | 4511823 | | |
| Address 1670 Broadway, P. O. | Box 800, Den | ver. Color | ado 80201 | | | | |
| Reason(s) for liling (Check proper box) | | , 55101 | Other (Please | explain) | · | | |
| New Well | | in Transporter of: | 7 | | | | |
| Change in Operator | Casinghead Gas | , | _1 | | | | |
| If change of operator give name and address of previous operator Ter | | | . Willow, Englew | ood. Colo | rado 801 | | |
| II. DESCRIPTION OF WELL | | | | | <u> 1440 - 001,</u> | <i></i> | |
| Lease Name | Well No | . Pool Name, Inc | | | | Lease | No. |
| BOLACK B | | BASIN (DA | KOTA) | FEDE | RAL | SF0792 | .32 |
| Unit Letter | . 1850 | _ Feet From The | FSL Line and 162 | 25 | F | EI. | |
| | 27N | | . Line and | | cet From The _F | <u> </u> | Line |
| Section 31 Towns | hip 27N | Range ^{8W} | , NMPM, | SAN J | UAN | | County |
| III. DESIGNATION OF TRAI | | | | | | | |
| Name of Authorized Transporter of Oil | Or Cond | ensale [7] | Address (Give address to | which approved | copy of this form | is so be sens) | |
| Name of Authorized Transporter of Casi | | or Dry Gas [X | Address (Give address to | which approved | copy of this form | is to be sent) | |
| EL PASO NATURAL GAS CO | · · · · · · | | P. O. BOX 1492 | , EL PASO | , TX 799 | | |
| give location of tanks. | Unit Sec. | Twp. R | ge. Is gas actually connected | 7 When | 7 | | |
| If this production is commingled with that IV. COMPLETION DATA | from any other lease o | r pool, give commi | ingling order number: | | | | |
| Designate Type of Completion | Oil We - (X) | li Gas Well | New Weli Workover | Deepen | Plug Back Sai | ne Res'v Di | iff Res'v |
| Date Spudded | Date Compl. Ready (| o Prod. | Total Depth | | P.B.T.D. | i | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing I | | Top Ail/Cos Bay | | | | |
| ER GOODS (EN , RAD, RI, OR, ER) | 1421He Of Producing 1 | ormation | Top Old Gas Pay | Top Oil/Gas Pay | | Tubing Depth | |
| Perforations | | | | | Depth Casing St | 10 é | |
| | TIDING | CACINIC | D CELENTAL DECC | N. P. | | | |
| HOLE SIZE | CASING & T | | D CEMENTING RECO | | SAC | KS CEMENT | |
| | | | | | | | |
| | | | _ | | | | |
| | | | | | | | |
| 7. TEST DATA AND REQUES OL WELL Great must be after t | | | | | | | |
| Date First New Oil Run To Tank | Date of Test | of load oil and mi | Producing Method (Flow, | illowable for this pump, eas lift, ei | depth or be for fi | di 24 hows.) | |
| 273.777.2 | | | | | | | |
| ength of Test | Tubing Pressure | | Casing Pressure | | Choke Size | | |
| Actual Prod. During Test | Oil - Bbls. | | Water - Bbls. | | Gas- MCF | | |
| CACALITA I | 1 | | | | | | |
| GAS WELL Actual Prod. Test - MCF/D | Length of Test | | Bbls. Condensate/MMCF | | rus managaman ya ya mana ya | · | |
| | Songar (vi) Car | | Bois. Condensate/NIMCP | | Gravity of Condi | ensate | |
| esting Method (pitot, back pr.) | Tubing Pressure (Shut | in) | Casing Pressure (Shut in) | | Choke Size | - | · |
| I. OPERATOR CERTIFIC | ATE OF COMP | I IANCE | - | | | | |
| I hereby certify that the rules and regula | utions of the Oil Conser | vation | OIL CO | NSERVA | TION DIV | VISION | |
| Division have been complied with and to is true and complete to the best of my k | hat the information give mowledge and belief. | en above | | | AV 00 | ^ | |
| 1 1 sl | 2+ | | Date Approv | edM | AY 08 198 | <u> </u> | |
| Supature J. Slam | Won | | Ву | 3-1 |) Cham | | |
| J. L. Hampton Sr | . Staff Admin | Suprv. | -, | SUPERVIA | SION DISTA | RICT # 3 | |
| Printed Name Janaury 16, 1989 | | Tille 30-5025 | Title | | | | |
| Date | | nhone Mo | 11 | | | | |

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.