Form 3160-5 November 1983)	JNITED STATES	SUBMIT IN TRIPLICATES	Form approved. Budget Bureau No. 1004-0135 Expires August 31, 1985
Formerly 9-331) DEPARTM	ENT OF THE INTER	RIOR verse aide) 5.	LEASE DESIGNATION AND SERIAL NO.
	J OF LAND MANAGEMEN	/ 6.	SF-078499 DF HEDIAH, ALLOTTEE OR TRIBE NAME
SUNDRY NOTION (Do not use this form for proposition "APPLICA"	CES AND REPORTS his to drill or to deepen or plug TION FOR PERMIT—" for such	ON WELLS	
OIL GAB WELL OTHER			. UNIT AGREEMENT NAME
2. HAMB OF OPERATOR			. PARM OR LEASE NAME
Tenneco Oil Company 3. ADDRESS OF OFERATOR		9.	Hardie F.
P. O. Box 3249, Enq. 4. LOCATION OF WELL (Report location clo	lewood, CO 80155 early and in accordance will be	Tra Cooperato	0. FIELD AND POOL, OR WILDCAT
See also space 17 below.) At surface	# K	i	So_Blanco-PC
		SEP 0 6 1935	1. SBC., T., R., M., OR RLE. AND SURVEY OR AREA
1780FNL, 990FWL			Sec. 16, T28N R 8W
14. PERMIT NO.	15. BLEVATIONS (Show whether	### 6 ## 6 #### 6 ## 6 ## 6 ## 6 ## 6	2. COURTY OR PARISE 18. STATE
30-045-11919	5954 GL	RMINGTON RESOURCE AREA	San Juan NM
16. Check Ap	propriate Box To Indicate	Nature of Notice, Report, or Other	er Data
NOTICE OF INTENT	TION TO:	METOPERETE	T ESPOST OF:
TEST WATER SHUT-OFF	CLL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
PRACTURE TREAT	CULTIPLE COMPLETE	PRACTURE TREATMENT	ALTERING CASING
	BANDON*	BEOOTING OR ACIDIZING	ABANDONMENT*
	HANGE PLANS	(Other)	multiple completion on We'l
(Other) Change of ope 17. prscripe Proposed or completed oper proposed work. If well is direction	erator & name	Completion or Recompletion of	
Hardie E 5 to the 1	Hardie E LS 5		
			OCT 0 8 1985
		0	LCCH, DIV.
			DIST. 8
		والرواد المراجعوم المادومين الأسام	
		·	***
18. I hereby certify that the foregoing is	true and correct		
# M 6/1	normy TITLE_	Co. Pogulatomy Apalyst	ACCEPTED FOR RECORD
BIGNED		Sr. Regulatory Analyst	
(This space for Federal or State office	t uses		OCT 07 1985
APPROVED BY	TITLE		DATE
CONDITIONS OF THE BOX THE B			FARMINGTON RESOURCE AREA
			BY
	*See Instruction	ons on Reverse Side	1

NMOCC

NMOCC

action 1001 makes it a crime for any person knowingly and willfully to make to a

STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

NO. OF COPIES RECE	IVED					
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LAND OFFICE						
	OIL					
TRANSPORTER GAS						
CPERATOR						
PRORATION OFFICE	1					

OIL CONSERVATION DIVISION P.O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 06-01-83

REQUEST FOR ALLOWABLE

TRANSPORTER	GAS	-				REQUI	EST FO	R ALLOV	VABLE						
CPERATOR	1	_					Α	ND							
PRORATION OFFICE			AUT	HORIZ	ZATI	ON TO	TRANS	PORT OIL	AND NATUR	RAL GAS					
											ו ומו	5 P	P.		
Operator											Int E	3 (b)	51	1 5	TA
Tenneco Oil	Compan	y E	PWKT	7						· ·	NA		6 198		
Address											5	SEP C	6 198	5	ש
P. O. Box 32	249, En	glewoo	od, CO	80	155	·			T		OII	~~	- 156	J 	
Reason(s) for filing (Che	ck proper box	()							Other (Please ex	(plain)	OIL	CO	N. D	IN	
New Well	Č	hange in Tra	ansporter o	f:	_	_						DIST	7 2	, ,	
Recompletion	اِ	_ Oil			Ĺ	i Dry Ga	s								
X Change in Ownersh	nip L	Casingl	nead Gas			Conde	nsate		Well Na	ame					
If change of ownership grand address of previous		El	Paso	Natu	ıra]	Gas,	P.O.	Box 4	990, Farm	ington,	NM 8	7499			
II. DESCRIPTION (OE WELL	ANDIE	ASE												
Lease Name	OI VVLLL	AITO LL		I No.	Pool	Name, Inch	uding Form	ation		Kind of Lea		US	A	T	Lease No.
Hardie E LS				5	Sc	. Bla	nco-P	С		State, Fede	rai or Fee		SF		078499
_ocation					1										
Unit Letter	E	_:17	780		_ Fee	t From The	N	-	Line and	990	F	Feet From	The W		
Line of Section	16		Townshi	p	28	BN		Range	8W		, NMPM.	San	Juan		County
III. DESIGNATION	OF TRAN	JODODT	ED 0E (AA 117	UD K	IATI IDAI	GAS			•					
Name of Authorized Trans	sporter of Oil	or Conc	densate X	JIL AIN	VD I	יאוטואו	L GAO	Address (0	Give address to white	ch approved co	opy of this	form is to	be sent)		
Conoco Inc.				atio	n			P. 6	D. Box 46	O. Hobb	os, NM	1 882	40		
Name of Authorized Tran	sporter of Cas	inghead Gas	or Dry	Gas 🟋	(Address (0	live address to white	ch approved co	opy of this	form is to	be sent)		
El Paso Natu								P. (D. Box 49	90, Far	rmingt	on,	NM 874	199	
	-		Unit	Sec.	T	Twp.	Rge.	Is gas act	ually connected?		When				
If well produces oil or liquidities of tanks.	uids,	Ì	E	16		28N	8W		Yes	·	<u> </u>				
If this production is comm	ingled with the	at from any o	ther lease o	ır pool, gi	ive cor	mmingling o	rder numbe	er							
NOTE: Complete															
VI. CERTIFICATE										OIL CONS	ERYAT	ION DI	VISION	DΛ	<u>6 1985</u>
I hereby certify that the ru	ules and regu	lations of th	e Oil Conse	rvation D	Division	n have bee	n complied	APPRO	OVED STATE	1 (4		JLI	<u> </u>	# 1202
with and that the informa	ation given is	true and co	implete to t	ne best c	Offility	KIIOWIEGGE	and bener	BY	2744	~~~~.\	Sav	4/_			
0	<i>,</i> /·							TITLE				0	SUPERVIS	SOR DI	STRICT ## \$
Lat May	hours							This fe	orm is to be filed in	n compliance s	with RUI F	1104			
And the		(Signa)	ture)					· 11	is a request for all				pened well	this for	m must be accor
Sr. Regulator	ry Anal	-	-					panied b	y a tabulation of the	ne deviation te	ests taken	on the we	II in accord	ance wi	h RULE 111.
		S II Day	e) 4 6(· ·				All se	ctions of this form r	must be filled o	out complet	tely for all	owable on r	new and	recompleted wall
		o ar	Ι,	er er 💌				11	t only Section I, II, I such change of co		hanges of	owner, w	ell name and	d or num	ber, or transporte
		(Dat	e)						ate Forms C-104 m		r each poo	l in multi	ply complet	ed wells	

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

IV. COMPLETION DATA

Testing Method (pilot, back pr.)	(ni-fund2) enusseer9 gniduT	Cas	Casing Pressure (Shut-in)		Choke Size				
Actual Prod. Test - MCF/D	Length of Test	198	Bbls. Condensate/MMCF		Gravity of Cond				
SAS WELL									
Actual Prod. During Test	Oil - Bbls.	ieW	.ald8 - 191s.W		Gas - MCF				
Length of Test	Fressure	Cas	Sasing Pressure		Choke Size				
Date First New Oil Run To Tanks	Date of Test	udan	Producing Method (Flow, pump, gas lift, etc.)						
Y TEST DATA AND REQUEST F		isəT)	Test must be after recovery of totaleph or total	volume of load or	and must be equ	nsi to or exceed top allowable for this			
	CASING & TUBING		DEPTH SET			SACKS CEMENT			
HOFE SIZE			СЕМЕИТІИВ ВЕСОВБ						
Pedoialions					Depth Casing 5	эоч Э			
Elevations (DF, AKB, RT, GR, etc.)	Name of Producing Formation	ют	Top Oil/Gas Pay		Tubing Depth				
Date Spudded	Date Compl. Ready to Prod.	оТ	Total Depth		0.1.89	The state of the s			
Designate Type of Completion	iio Weil	Well 106/	New Well Workover	Deepen	bing Back	Same Res'v Diff. Res. v			
V. COMPLETION DATA									

•

Submit 5 Copies
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 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICUII P.O. Drawer DD, Artesia, NM 88210	`	San	P.		ox 2088 exico 8750	4-2088				
DISTRICT III 1000 Rio Brazis Rd., Aziec, NM 87410		EST FO	R ALLO	WAE	BLE AND	AUTHORIZ				
I. Operator		O TRAI	NSPORT	OIL	AND NA	TURAL GA		Pi No.		
Amoco Production Compa	ny							511919		
Address 1670 Broadway, P. O. I	3ox 800,	Denve	r, Colo	rad			 			
Reason(s) for Liling (Check proper box) New Well []		Change in T	ransporter o	ıf:	Oth	r (Please expla	iin)			
Recompletion	Oil		Dry Gas							
If change of operator give name and address of previous operator. Tenn	neco Oil	E & P	, 6162	<u>s.</u> '	Willow,	Englewoo	d, Color	ado 80	155	
II. DESCRIPTION OF WELL										
Lease Name HARDIE E LS	5				ng Formation H (PICT	CLIFFS)	FEDEI	RAT.	SF078	ease No. 8499
Location Unit Letter	<u>.</u>	- ·	Feet From T			and 990		et From The		Line
Section 16 Township	28N		Range ^{8W}				SAN JI			
Section 10 Township	PE !!!		Kange			ирм,	Drui O	2210		County
HL DESIGNATION OF TRAN Name of Authorized Transporter of Oil		OF OII or Condensi		<u>ATU</u>		e address to wh	sich approved	copy of this fo	orm is to be se	ni)
Name of Authorized Transporter of Casing	diead Gas		or Dry Gas	(X	Address (Giv	address to wh	ich approved	copy of this fo	orm is to be se	ni)
EL PASO NATURAL GAS CON	NATURAL GAS COMPANY				P. O. BOX 1492, EL PASO, TX 79978 Is gas actually connected? When ?					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Γwp. 	Kgc.	it gat actually	Connected	Wileu			
If this production is commingled with that i	from any other	r lease or po	ool, give cor	nmingl	ing order numb	er:				
IV. COMPLETION DATA		Oil Well	Gas W	/ell	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion Date Spudded		l. Ready to I			Total Depth		<u> </u>	P.B.T.D.	l	.L
тие органие	Date Comp	i. Keady io r	, jou.							
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Fon	mation		Top Oil/Gas I	ay		Tubing Depth		
Perforations	L				L			Depth Casin	g Shoe	
		UDING (CACING	ANIEN	CENTENTE	IC DECOR	<u> </u>	L		
HOLE SIZE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ING & TUE		AIND.	CEMENTI	NG RECOR	<u> </u>	[SACKS CEM	ENT
	<u> </u>							1		
V. TEST DATA AND REQUES OIL WELL (Lest must be after ro				d must	be equal to or	exceed top allo	mable for this	depth or be j	or full 24 how	rs.)
Date First New Oil Run To Tank	Date of Test	<u>-</u>			Producing Me	thod (Flow, pu	mp, gas lýt, e	(c.)		
Length of Test	Tubing Pres	sure			Casing Pressu	re		Choke Size		
								Gas- MCF		
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Oas- MCF		
GAS WELL	1				l			1		J
Actual Prod. Test - MCI/D	Length of T	cst			Bbls. Conden	sate/MMCF		Gravity of C	ondensate	
Testing Method (pilot, back pr.)	Tubing Pres	sure (Shut i	n)		Casing Press.	re (Shut-in)		Choke Size		<u> </u>
 VI. OPERATOR CERTIFIC	 ATE OF	СОМРІ	JANCE		lı			L		
I hereby certify that the rules and regul-	itions of the C	Dil Conserva	tion	•	(DIL CON	ISERV	ATION	DIVISIO	N
Division have been complied with and the istrue and complete to the best of my k		_	abovė		Date	Approve	d	MAY 08	1989	
a. I 2/2-	otan	,			Jaie	ייאטייטאיי		/	1 /	
Supature Supature	p won				Ву_), ⊜⁄		
J. L. Hampton Sr Finited Name	Staff	7	. Suprv Title 30-5025		Title		BUPERV	TOTON D	ISTRICT	# Э

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

Date

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Telephone No.

- 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.

STATE OF NEW MEXICO ENERGY MIO MINERALS DEPARTMENT

1370 1630

OIL CONSERVATION DIVISION

P. O. DOX 2088

Form C-102 Revised 10-1-78

SANTA FE, NEW MEXICO 87501 All distances must be from the outer houndaries of the Section (1010101 Well Ho. 1.0046 Amoco Production Company Hardie "E" Unit Letter Section Township Harry County 28N San Actual Fastage Location of Well: 990 feet from the North line and feet from the line Ground Level Elev. Producing Formation Pool Dedicated Acreoger 5954' GR Picture Cliffs South Blanco Picture Cliffs 160 Acres 1. Outline the acreage dedicated to the subject well by colored pencil or hachare marks on the plat below. 2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty). 3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc? If answer is "yes," type of consolidation ___ If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.). No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division. CERTIFICATION I hereby certify that the Information contained herein is true and complete to the $\sqrt{J.L.}$ Hampton Position Sr. Staff Admin. Supr. 990 Amoco Production Co. 11/8/90 I hereby certify that the well location shown on this plat was platted from field notes of actual surveys made by me or under my supervision, and that the same Is true and carrect to the best of my knowledge and belief. Registered Professional Engineer and/or Land Surveyor Certificate No.

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 Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088 NUCCT FOR ALLOWARI E AND ALITHORIZATION

-						AUT HUNIA		•					
•		OTRA	NSP	ORT OIL	AND NA	TURAL GA	<u>4S</u>	il AF	I No				
Operator COMP	A NEW						i						
AMOCO PRODUCTION COMPA							1_3	<u> </u>	511919	<u> </u>	· ·		
P.O. BOX 800, DENVER,	COLORAD	0 8020)1		· r 1 - ~-	er (Plass							
Reason(s) for Filing (Check proper box)		Change in	Trans	orter of:	i Oth	es (l'Iease explo							
New Well Percompletion	Oil	-~	Dry G										
Recompletion L_I Change in Operator []	Casinghead						_						
f change of operator give name and address of previous operator													
II. DESCRIPTION OF WELL	AND LEA		T						Lases	 -	ease No.		
Lease Name	ļ		1	Name, Includi	_	r citera	- 1		Lease	1			
HARDIE E LS		5	LRF	anco SOL	in (PIC	T CLIFFS	<u></u>	اللت	RAL	1.310	78499		
Location Unit LetterE	_ :1	780	_ Feat F	rom The	FNL Lin	e and9	90	. Feet	From The _	FWL	Line		
Section 16 Townsh	ip 28N		Range	. 8W_	, N	мрм,	S	SAN	JUAN		County		
III. DESIGNATION OF TRAI	NSPORTE	R OF O	IL AN	ND NATU	RAL GAS	e address to w	hich appro	wed a	opy of this fo	orm is to be s	eni)		
Name of Authorized Transporter of Oil		or Conde	n ball		1	AST 30TH							
MERIDIAN OIL INC. Name of Authorized Transporter of Casi	ochead Gas		or Dry	v Gas	Address (Gir	e address to w	hich appro	wed c	opy of this fo	orm is to be s	eni)		
EL PASO NATURAL GAS C			· · ·	,	1	OX 1492.							
If well produces oil or liquids,	Unit	Suc.	Twp.	Rgc.		y connected?		hea ?					
If this production is commingled with tha	from any oth	er lease or	pool, g	ive comming	ing order nur	ber:							
IV. COMPLETION DATA	 , ou				-								
Designate Type of Completion	ı - (X)	Oil Wel	1	Gas Well	New Well	Workover	Deep	en	Plug Back	Same Res'v	Diff Res'v		
Date Spudded	Date Com	si. Ready I	o Prod.		Total Depth				P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Top Oil/Gas	Top Oil/Gas Pay				Tubing Depth							
Perforations					1				Depth Casii	ig Shoe			
				W. C	CEL IN W	NC DECO			L				
					CEMENT	NG RECOF			SACKS CEMENT				
HOLE SIZE	- CA	SING & T	OBING	SIZE	-	DEPTH SET				SAUNS CEMENT			
					 								
								_					
V. TEST DATA AND REQUI	ST FOR	LLOW	ABLI	Ε .					44	Con (1) 24 L	auer)		
OIL WELL (Test must be after	recovery of I	otal volum	e of load	d oil and mus	i be equal to d	r exceed top at Activit (Flow, p	iowable fo	or this	depth or be	jor juli 24 h	ows.)		
Date First New Oil Run To Tank	Date of Te	e s			1			-9-, «					
Lough of Total	Tubine P	PERIM			Casing Pres	auro Corus		+	Choke Size				
Length of Test	Tubing Pr	C#MIIC				1			<u> </u>				
Actual Prod. During Test	Oil - Bbls				Water - Bbl	Water-Bols FE32 5 1931.			Gas-MCF				
GAS WELL	1					<u> </u>		11		ca.			
Actual Prod. Test - MCF/D	Length of	Test			Bbis. Cond	ERING MINES	T. 3		CHANIA OF	Condensate	-		
					Carina Gara	sure (Shut-in)			Choke Size				
lesting Method (pilot, back pr.)	Tubing Pr	essure (Sh	ия-по)		Casing rice	mare (mineral)							
VI. OPERATOR CERTIFI	CATEO	F COM	IPL1A	NCE		OIL CO	NSE	₹V.	ATION	DIVIS	ION		
I hereby certify that the rules and re	gulations of th	e Oil Cont	iven ab	n ove		J 00		- •	FEB 2				
Division have been complied with a is true and complete to the best of n	ng man me int Ny kaowiedra	and belief.	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		D-	la Anaras	nd		LDZ	9 1991			
11/1/1/	,				Da	te Approv				1			
D. Iller	_						7	٠	1) E	Wien!			
Signature		`			Ву		SI	JPF I	RVISOR	DISTRIC	7 10		
Boug W. Whaley, Sta	tf Admir	ı. Sup	<u>ervi:</u> Tide	sor	-:	_			THOUN	און פוע	/ F3		
Printed Name February 8, 1991		303		-4280—	140	e		-					
Date			clophon		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.