

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. 3004525563
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:
Recompletion Oil Dry Gas
Change in Operator Casinghead Gas Condensate
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 HUGHES COM Well No. 5E Pool Name, Including Formation BASIN (DAKOTA) FEDERAL Lease No. SF078095
Location
Unit Letter M : 1120 Feet From The FSL Line and 850 Feet From The FWL Line
Section 10 Township 28N 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)
CONOCO P. O. BOX 1429, BLOOMFIELD, NM 87413
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:

V. 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, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		Depth Casing Shoe			
Perforations								

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

VI. 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 (spot, 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

MAY 08 1989

Date Approved _____
By [Signature]
SUPERVISION DISTRICT # 8
Title _____

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.