Submit 5 Copies
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 Page

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT 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 OIL AND NATURAL GAS Well API No. Amoco Production Company 3004526558 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: [] Dry Gas Recompletion Oil X 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 Well No. Pool Name, Including Formation Lease No. FLORANCE C LS BLANCO (MESAVERDE) FEDERAL NM003549 Location 790 Feet From The $^{\mathrm{FSL}}$ Line and 1900 Feet From The FEL Unit Letter Section 30 Range^{8W} SAN JUAN 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) \mathbf{K} CONOCO . O. BOX 1429, BLOOMFIELD, NM 87413 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) . O. BOX 1492, EL PASO, TX 79978 If well produces oil or liquids, Unit When 7 is gas actually connected? 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 Diff Res'v Designate Type of Completion - (X) Date Compl. Ready to Prod. Date Spielded P.B.T.D. Name of Producing Formation Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD **CASING & TUBING SIZE** SACKS CEMENT V. 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.) Choke Size Length of Test Tubing Pressure Casing Pressure Actual Prod. During Test Water - Bbls Gas- MCF Oil - Bbls. GAS WELL Actual Prod Test - MCI/D Bbls. Condensate/MMCF Length of Test Gravity of Condensate l'esting Method (pitot, back pr.) Tubing Pressure (Shut in) Casing Pressure (Shut-in) Choke Size 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 Date Approved *、、、、* By

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

L. Hampton

Janaury 16, 1989

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

Title.

SUPERVISION DISTRICT # 3

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

Staff Admin. Suprv.

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.