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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 Instructions

OIL CONSERVATION DIVISION

P.O. Box 2088 DISTRICT II P.O. Drawer DD, Arlesia, 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. Operator 3004524110 Amoco Production Company Address 1670 Broadway, P. O. Box 800, Denver, Colorado 80201 Other (Please explain) Reason(s) for Filing (Check proper box) Change in Transporter of:

Dry Gas New Well Recompletion Casinghead Gas Condensate X 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 SF077085 BASIN (DAKOTA) FEDERAL OMLER A Location Feet From The _ 1750 Unit Letter SAN JUAN Range^{10W} Section 25 Township 28N NMPM. 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 C57 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 EL PASO NATURAL GAS COMPANY SUG . O. BOX 1492, EL PASO, TX 79978 Is gas actually connected? When ? Twp. Sec Rge. 1 Unit If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number IV. COMPLETION DATA Deepen | Plug Back | Same Res'v | Diff Res'v Oil Well Gas Well New Well Workover Designate Type of Completion - (X) Total Depth P.B.T.D. Date Compl. Ready to Prod. Top Oil/Gas Pay Tubing Depth Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Depth Casing Shoe 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 hows.) OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tank Date of Test Choke Size Casing Pressure **Tubing Pressure** Length of Test Gas- MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test GAS WELL Gravity of Condensate Bbls. Cendensate/MMCF Length of Test Actual Prod. Test - MCF/D Choke Size Casing Pressure (Shut-in) Tubing Piessure (Shut-in) l'esting Method (pitot, back pr.) 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 1090 is true and complete to the best of my knowledge and belief. Date Approved 3....) d Stamples SUPERVISION DISTRICT # 3 L. Hampton ___ Sr. Staff Admin. Suprv. Janaury 16, 1989 303-830-5025

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.

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.