

Submit 5 Copies  
 Appropriate District Office  
 DISTRICT I  
 P.O. Box 1980, Hobbs, NM 88240  
 DISTRICT II  
 P.O. Drawer DD, Artesia, NM 88210  
 DISTRICT III  
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
 Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

Form C-104  
 Revised 4-1-89  
 See Instructions  
 at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

**I. Operator**  
 Amoco Production Company  
 Well API No. 3004523608  
 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 JACQUEZ 5400005  
 Well No. 3 Pool Name, including Formation BASIN (DAKOTA)  
 Lease No. 820790990  
 Location  
 Unit Letter E 1830 Feet From The FNL Line and 1135 Feet From The FWL Line  
 Section 25 Township 30N Range 9W 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)  
 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 Soc. Twp. Rge. Is gas actually connected? When?

If this production is commingled with that from any other lease or pool, give commingling order number:

**IV. 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, RI, 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

**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.)  
 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 (pump, 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.  
 Signature J. L. Hampton  
 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 [Signature]  
 By SUPERVISION DISTRICT # 3  
 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.