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 Instructions at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Amoco Production Company 3004509065 1670 Broadway, P. O. Box 800, Denver, Colorado 80201 Reason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of:

Dry Gas New Well Recompletion [X Casinghead Gas Condensate 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 Name Pool Name, Including Formation Lease No. STEWART A COM LS AZTEC (PICTURED CLIFFS) EDERAL 82078205 Location Feet From The FNL Feet From The FWL Unit Letter Township 30N Section 32 Range 10W SAN JUAN III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Γ [X]CONOCO . O. BOX 1429, BLOOMFIELD, NM 87413 Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent) EL PASO NATURAL GAS COMPANY . O. BOX 1492, EL PASO, TX 79978 If well produces oil or liquids, 1 Unit Twp. When ? 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 Spudded Date Compl. Ready to Prod. PRTD Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation **Tubing Depth** Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE 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 Gas- MCF Water - Bbls. Actual Prod. During Test Oil - Bbls. GAS WELL Length of Test Gravity of Condensate Actual Prod. Test - MCF/D Bhls, Condensale/MMCF Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Testing Method (pitot, back pr.) 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 is true and complete to the best of my knowledge and belief. MAY 08 1989 Date Approved

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

Sr. Staff Admin.

L. Hampton

Printed Name Janaury 16, 1989

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

By _

Title.

SUPERVISION DISTRICT # 3

- 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.

Suprv.

Title 303-830-5025

Telephone No

4) Separate Form C 104 must be filed for each pool in multiply completed wells.