Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240 State of New M Energy, Minerals and Natural R-

Department

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

OIL CONSERVATION DIVISION

LHSTRICE II P.O. Drawer DD, Ariesia, NM - 88210		30x 2088 1exico 87504-2088	1	
DISTRICT III 1000 Rio Brazis Rd., Aztec, NM 87410 -	REQUEST FOR ALLOWA	BLE AND AUTHORIZA	TION	
I, Operator	TO THANSPORT OF	L AND NATURAL GAS	Well API No.	
Amoco Production Comp	pany		3004510251	
	Box 800, Denver, Colorad			
Reason(s) for Filing (Check proper box) New Well	Change in Transporter of:	Other (Please explain)		
Recompletion	Oil Dry Gas			
Change in Operator Change of operator give name Tox	Casinghead Gas Condensate			
and address of previous operator Ten	nneco Oil E & P, 6162 S.	Willow, Englewood,	Colorado 80155	
IL DESCRIPTION OF WELL Loase Name	, AND LEASE Well No. Pool Name, Include	fing Exemplise		ase No.
HEATON LS	5 BLANCO (MES		FEDERAL SF07	
Location Unit Letter M	880 Feet From The FS	SL Line and 1190	Feet From The FWL	Line
O	ip 31N Range 11W		SAN JUAN	County
			MARKET Y. MANT.	25-24
II. DESIGNATION OF TRAI Name of Authorized Transporter of Oil	NSPORTER OF OIL AND NATU		approved copy of this form is to be see	u)
CONOCO	() Consensate (X.)		OOMFIELD, NM 87413	
Name of Authorized Transporter of Casir EL PASO NATURAL GAS CC			approved copy of this form is to be set PASO, TX 79978	u)
If well produces oil or liquids,	Unit Sec. Twp. Rge.		When ?	
	from any other lease or pool, give comming	zling order number:		
V. COMPLETION DATA				
Designate Type of Completion	Oil Well Gas Well	New Well Workover I	Deepen Plug Back Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	I
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Pay	Tubing Depth	
Perforations		J	Depth Casing Shoe	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE	CEMENTING RECORD DEPTH SET	SACKS CEME	NT
HOLE SIZE	CASING & TODING SIZE	DEF ITI SET	SACKS CEIVIL	
	ST FOR ALLOWABLE			
ML, WELLE, Clest must be after : Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump,	le for this depth or be for full 24 hour gas lýt, etc.)	
length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF	
GAS WELL	1	1		
Actual Prod. Test - MCI/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
esting Method (pitot, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shut-in)	Choke Size	
VI. OPERATOR CERTIFIC Thereby certify that the rules and regul		OIL CONS	ERVATION DIVISIO	N
Division have been complied with and is true and complete to the best of my		Data Assessed	MAY 08 1999	
111	at.	Date Approved	-1 -1	
Suprium f. Slam	Nan	Ву	1). Ohm	
J. L. Hampton Si	r. Staff Admin. Suprv		RVISION DISTRICT # 3	
Printed Name Janaury 16, 1989	303-830-5025	Title		. <u> </u>
Dute	Telephone No.	II .		

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

- 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.