

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

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**OIL CON. DIV.,
DIST. 3**

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Revised 10-01-78
Form 06-01-83
Page 1

Operator Tenneco Oil Company	
Address P. O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schwerdtfeger A LS	Well No. 20M	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee USA SF	Lease No. 079319
Location Unit Letter J : 2020 Feet From The South Line and 1520' Feet From The East Line of Section 8 Township 27N Range 8W , NMPM. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

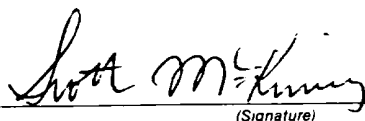
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 8
	Twp. 27N	Rge. 8W
	Is gas actually connected? No	When ASAP

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.



Senior Regulatory Analyst

(Title)

1/1/86

(Date)

OIL CONSERVATION DIVISION

APPROVED _____

JAN 21 1986

BY _____

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT **3**

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

IV. COMPLETION DATA

Designate Type of Completion — (X)									
Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.v.		

10/17/85	Date Spudded	12/30/85	Date Compl. Ready to Prod.	Total Depth	7453' KB	P.B.T.D.	7443' KB	Elevations (D.F., RKB, RT, GR, etc.)	6733' GR	Mesaverde	Top Oil/Gas Pay	4530' BK	Tubing Depth	5393' KB	Perforations 2 JSPF 30', 60 holes 2 JSPF 35', 70 holes 4768-78', 4818-32', 5001-12' KB *	4530-64' KB	Depth Casing Shoe
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HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8" csq	314' KB	250 SX, 295 CF
8 3/4"	7" csq	5570' KB	637 SX, 1073 CF
6 1/4"	4 1/2" csq 11ner	5417-7450' KB	250 SX, 394 CF
	2 3/8" tbq	8393' KB	

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 Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	Length of Test	Tubing Pressure	Casing Pressure	Water - Bbls	Gas - MCF
Actual Prod. During Test	Oil - Bbls						

GAS WELL							
Actual Prod. Test - MCF/D 921	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate	Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in) 760	Casing Pressure (Shut-in) 805	Choke Size 3/4"
Back Pressure							

* 2 JSPF 52', 104 holes

5174-98'
5206-14'
5230-34'
5272-76'
5283-87'
5310-14'
5401-05'

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If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schwerdtfeger A LS	Well No. 20M	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee USA SF	Lease No. 079319
Location				
Unit Letter J	: 2020'	Feet From The South	Line and 1520'	Feet From The East
Line of Section 8	Township 27N	Range 8W	NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco Ins. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240
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If well produces oil or liquids, give location of tanks. Unit: J Sec: 8 Twp: 27N Rge: 8W	Is gas actually connected? No When: ASAP

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NOTE: Complete Parts IV and V on reverse side if necessary.

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I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.



Senior Regulatory Analyst

(Title)

1/6/86

(Date)

OIL CONSERVATION DIVISION

APPROVED

JAN 10 1986

BY

Original Signed by FRANK T. CHAVEZ

TITLE

SUPERVISOR DISTRICT # 3

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Designate Type of Completion — (X)									
Oil Well		Gas Well		New Well		Workover		Deepen	
Plug Back		Same Res.v.		Diff. Res.v					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
12 1/4"		9 5/8" casing		314' KB		250 sx, 295 CF	
8 3/4"		7" casing		5570' KB		637 sx, 1073 CF	
6 1/4"		4 1/2" casing liner		5417-7450' KB		250 sx, 394 CF	
		2 3/8" tubing		7359' KB			

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(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 Tanks		Date of Test		Producing Method (Flow, pump, gas lift, etc.)	
Length of Test		Tubing Pressure		Casing Pressure	
Actual Prod During Test		Oil - Bbls.		Water - Bbls.	
				Gas - MCF	

GAS WELL

Actual Prod Test - MCF/D		Length of Test		Bbls. Condensate/MMCF	
935		3 hrs			
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
Back Pressure		1395		822	
				Choke Size	
				Gravity of Condensate	