

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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APR 17 1986
OIL CON. DIV.
DIST. 3

I. Operator
Tenneco Oil Company

Address
P.O. Box 3249 Englewood, CO 80155

Reason(s) for filing (Check proper box)

☒ New Well ☐ Recompletion ☐ Change in Ownership

Change in Transporter of:
☐ Oil ☐ Casinghead Gas

☐ Dry Gas ☐ Condensate

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-7 Unit	Well No. 263	Pool Name, Including Formation South Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee	USA SF	Lease No. 079290
Location					
Unit Letter B	: 990'	Feet From The north	Line and 1650'	Feet From The east	
Line of Section 13	Township 28N	Range 7W	NMPM	Rio Arriba	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

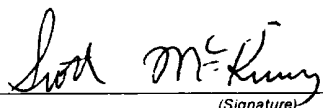
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460 Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <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 B	Sec. 13	Twp. 28N	Rge. 7W	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.


(Signature)
Sr. Geographical Analyst
(Title)
4/7/86
(Date)

OIL CONSERVATION DIVISION

APPROVED 
BY Original Signed by FRANK T. CHAVEZ
TITLE SUPERVISOR DISTRICT # 3

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)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res.v.	<input type="checkbox"/> Diff. Res.v
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Date Spudded	2/6/86	Date Compl. Ready to Prod	3/16/86	Total Depth	3850' KB	P.B.T.D.	3784' KB
Elevations (D.F., AKB, RT, GR, etc.)	6790' GL	Name of Producing Formation	Pictured Cliffs	Top Oil/Gas Pay	3564' KB	Tubing Depth	3589' KB
Perforations	2 JSPF 10; 20 holes 3564-3574' KB						

TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	300 SX, 354 CF	1050 SX, 1761 CF	3589' KB	
12 1/4"	8 5/8" CSG	330-313' KB					
7 7/8"	4 1/2" CSG	3816' KB					
	1 1/4" TBG	3589' 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	Choke Size		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF		

GAS WELL

Actual Prod. Test - MCF/D	7248	Length of Test	3 hrs	Bbls. Condensate/MMCF	Grav. of Condensate
Testing Method (pilot, back pr.)	back pressure	Tubing Pressure (Shut-in)	840	Casing Pressure (Shut-in)	840
				Choke Size	3/4"