

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SEP 06 1985
OIL CON. DIV
DIST. 3

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

If change of ownership give name and address of previous owner **El Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Schwerdtfeger A LS	Well No. 16	Pool Name, Including Formation So. Blanco-PC	Kind of Lease State, Federal or Fee USA SF	Lease No. 079319
Location				
Unit Letter C	950	Feet From The N	Line and 1782	Feet From The W
Line of Section 21	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 C	Sec. 21	Twp. 27N	Rge. 8W	Is gas actually connected? Yes
When					

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.

Scott McKinnis
(Signature)
Sr. Regulatory Analyst
(Title)
(Date) **SEP 1 1985**

OIL CONSERVATION DIVISION
APPROVED *Frank J. Dwyer* **SEP 06 1985**
BY
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.

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

GAS WELL

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

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

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TUBING, CASING, AND CEMENTING RECORD

Perforations			
Elevations (DF, RKB, RT, GR, etc.)		Name of Producing Formation	Top Oil/Gas Pay
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Designate Type of Completion — (X)			
Oil Well	Gas Well	New Well	Workover
		Deepen	Plug Back
		Same Resv.	Diff. Resv.
			Depth Casing Shoe
			Tubing Depth

IV. COMPLETION DATA