

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	CIL GAS
OPERATOR	
PRORATION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SEP 06 1985
OIL CON. DIV
DIST. 3

I. Operator
Tenneco Oil Company ~~Energy Resources~~

Address
P. O. Box 3249, Englewood, CO 80155

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

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 Warren LS	Well No. 3	Pool Name Including Formation Aztec-PC Ext.	Kind of Lease State, Federal or Fee USA SF	Lease No. 077123
--------------------------------	----------------------	---	---	----------------------------

Location

Unit Letter **L** : **1550** Feet From The **S** Line and **1090** Feet From The **W**

Line of Section **13** Township **28N** Range **9W** NMPM **San Juan** County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate X 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 or Dry Gas X 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 L	Sec. 13	Twp 28N	Range 9W	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 M. Kinney
(Signature)

Sr. Regulatory Analyst

SEP 1 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED

SEP 06 1985

BY

Frank J. Dwyer

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 filed out completely for a 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	Decom	Plug Back	Same Resv	Ent Resv
------------------------------------	----------	----------	----------	----------	-------	-----------	-----------	----------

Date Spudded	Date Comp. Ready to Prod.	Total Depth	P.B.T.D.
--------------	---------------------------	-------------	----------

Elevations: Dr., RKB, RT, GR, etc.	Name of Producing Formation	Top Oil Gas Pay	Tubing Depth
------------------------------------	-----------------------------	-----------------	--------------

Perforations	Depth Casing Shoe
--------------	-------------------

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
-----------	----------------------	-----------	--------------

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be after recovery of total volume of gas oil and must be equal to or exceed 100 seconds in tests depth or be for full 24 hours. Producing Method from pump gas (if etc)

Date First New Oil Run To Tanks	Date of Test	Producing Method from pump gas (if etc)
---------------------------------	--------------	---

Length of Test	Flowing Pressure	Casing Pressure	Choke Size
----------------	------------------	-----------------	------------

Actual Prod. During Test	Water GNS	Gas - MCF
--------------------------	-----------	-----------

Actual Prod. Test - MCF/D	Length of Test	Bois. Condensate - MCF	Gravity of Condensate
---------------------------	----------------	------------------------	-----------------------

Testing Method (not back of)	Flowing Pressure - Shut-in	Casing Pressure - Shut-in	Choke Size
------------------------------	----------------------------	---------------------------	------------