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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	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

I. Operator **Tenneco Oil Company** ~~E. S. DURMS~~

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

Reason(s) for filing (Check proper box):
 New Well
 Recompletor
 Change in Ownership
 Change in Transporter of
 Oil
 Casinghead Gas
 Dry Gas
 Condensate

Other (Please explain): **SEP 06 1985**
Well Name **OIL CON. DIV**
DIST. 3

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. 4	Pool Name, including Formation Aztec-PC Ext.	Kind of Lease State Federal or Fee USA SF	Lease No. 077123
Local on				
Unit Letter H	1700	Feet From The N	Line and 1090	Feet From The E
Line of Section 14	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 <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 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 H	Sec. 14	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 McKinney
(Signature)
Sr. Regulatory Analyst
(Title)
SEP 1 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED **SEP 06 1985**
BY *Frank J. Quigg*
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 Form's 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	Re-enter	Plug Back	Same Res.	Oil Res.
Date Spudded	Barrel Count	Ready to Prod.	Total Depth	P.B.T.D.					

Elevations: OF, RKB, PT, GR, etc. | Vertical or Horizontal Formation | Top of Gas Pay | Tubing Depth

Perforations | Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks | Date of Test | Test must be after recovery of total volume of gas and must be equal to or exceed the amount of gas produced in the 24 hours preceding method of gas flow test.

Length of Test | Gas Pressure | Gas Flow Pressure | Choke Size

Actual Prod. During Test | Meter/Bos | Gas MCF

Actual Prod. Test MCF/D | Specific Grav. | Specific Grav. of Condensate

Test - 1 Month or 2000 bbl or 2000 bbl

Choke Size