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FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Tenneco Oil Company C. F. B. W. M. P.		RECEIVED SEP 06 1985 OIL CON. DIV DIST. 3
Address P. O. Box 3249, Englewood, CO 80155		
Reason(s) for filing (Check proper box)		
<input type="checkbox"/> New Well	Change in Transporter of	Well Name
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
<input type="checkbox"/> Dry Gas		
<input checked="" type="checkbox"/> Condensate		

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 A	Pool Name including Formation Blanco-MV	Kind of Lease State, Federal or Fee USA SF	Lease No. 077123
Location				
Unit Letter C	: 1070	Feet From The N	Line and 1850	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 <input checked="" type="checkbox"/>	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"/>	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. 13	Twp. 28N	Range 9W
Is gas actually connected?		When		
Yes				

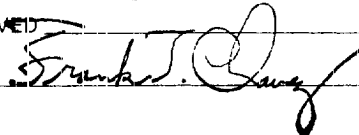
If this production is commingled with that from any other lease or pool, give commingling order number

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.


Sr. Regulatory Analyst
(Title)
SEP 1 1985
(Date)

OIL CONSERVATION DIVISION	
APPROVED	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.	

IV. COMPLETION DATA

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

Unit Spaced	Unit Cost - Ready to Prod	Total Depth	P.B.T.D
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
14	14	14	14
15	15	15	15
16	16	16	16
17	17	17	17
18	18	18	18
19	19	19	19
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32	32	32	32
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34	34	34	34
35	35	35	35
36	36	36	36
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52	52	52	52
53	53	53	53
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62	62	62	62
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92	92	92	92
93	93	93	93
94	94	94	94
95	95	95	95
96	96	96	96
97	97	97	97
98	98	98	98
99	99	99	99
100	100	100	100

Elevations DE, AKB, RT, GA, etc)	Water & Estimating Formation	Top Oil Gas Pay	Tubing Depth

Perforations

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First View Oil Run To Tanks _____
Date ... Test _____
Polluting Method Flow Comp Gas H₂O etc _____

Length of Test	Time of Test	Choke Size	Choke Pressure
100 ft	100 ft	100 ft	100 ft
200 ft	200 ft	200 ft	200 ft
300 ft	300 ft	300 ft	300 ft
400 ft	400 ft	400 ft	400 ft
500 ft	500 ft	500 ft	500 ft
600 ft	600 ft	600 ft	600 ft
700 ft	700 ft	700 ft	700 ft
800 ft	800 ft	800 ft	800 ft
900 ft	900 ft	900 ft	900 ft
1000 ft	1000 ft	1000 ft	1000 ft

Actual Profit During Test	Actual Profit	Actual Profit - Gas	Actual Profit - MCF
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
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92	92	92	92
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96	96	96	96
97	97	97	97
98	98	98	98
99	99	99	99
100	100	100	100

GAS WELL

Actual Prod Test - WCFD
Gravimetric Moisture
Erie Condensate WCFD
Gravity of Condensate

Testing Method: 2000 Back of

Shooting: 1000

Gas and Pressure: 1000

Choke Size