

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
Tenneco Oil Company E & P WRMD

3. ADDRESS OF OPERATOR  
P. O. Box 3249, Englewood, CO 80155

4. LOCATION OF WELL (Report location clearly and in accordance with State requirements.  
See also space 17 below.)  
At surface :  
  
1850FNL, 1815FWL

5. LEASE DESIGNATION AND SERIAL NO.  
SF-078499

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Tapp

9. WELL NO.  
4 A

10. FIELD AND POOL, OR WILDCAT  
Blanco-MV

11. SEC., T., R., N., OR S.W. AND SURVEY OR AREA  
Sec. 16, T28N R 8W

12. COUNTY OR PARISH  
San Juan

13. STATE  
NM

14. PERMIT NO.  
30-045-23853

15. ELEVATIONS (Show whether FARMING OR RESOURCE AREA)  
5959' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(Other) _____
(Other) Change of operator & name <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) \*

Please be advised that Tenneco has assumed operations for the referenced well from El Paso Natural Gas. Tenneco also requests permission to change the name from Tapp 4 A to the Tapp LS 4 A

RECEIVED  
OCT 08 1985  
OIL CON. DIV.  
DIST. 8

SEP 1 1985

18. I hereby certify that the foregoing is true and correct

SIGNED John McHenry

TITLE Sr. Regulatory Analyst

DATE ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE OCT 07 1985

FARMINGTON RESOURCE AREA

BY fl

\*See Instructions on Reverse Side

NMOCC

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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

I. Operator <b>Tenneco Oil Company E &amp; P WRMB</b>	
Address <b>P. O. Box 3249, Englewood, CO 80155</b>	
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	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 <b>Tapp LS</b>	Well No. <b>4 A</b>	Pool Name, Including Formation <b>Blanco-MV</b>	Kind of Lease State: Federal or Fee <b>USA SF</b>	Lease No. <b>078499</b>
Location				
Unit Letter <b>F</b>	<b>1850</b>	Feet From The <b>N</b>	Line and <b>1815</b>	Feet From The <b>W</b>
Line of Section <b>16</b>	Township <b>28N</b>	Range <b>8W</b>	NMPM <b>San Juan</b>	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

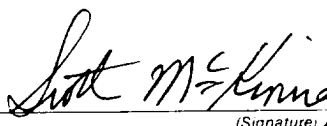
Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> <b>Conoco Inc. Surface Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 460, Hobbs, NM 88240</b>					
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 4990, Farmington, NM 87499</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>F</b>	Sec. <b>16</b>	Twp. <b>28N</b>	Rge. <b>8W</b>	Is gas actually connected? <b>Yes</b>	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.

  
(Signature)  
**Sr. Regulatory Analyst**

(Title)  
**SEP 1 1985**  
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

**SUPERVISOR DISTRICT # 1**

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.

**SEP 06 1985**

# IV. COMPLETION DATA

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

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			

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 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

## GAS WELL

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