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OIL CON. DIV  
DIST. 3

Form C-104  
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STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bolack C LS	Well No. 15A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee USA SF	Lease No. 079232
Location Unit Letter <u>D</u> : <u>1250</u> Feet From The <u>North</u> Line and <u>560</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>27N</u> Range <u>8W</u> , NMPM. <u>San Juan</u> 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	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 type="checkbox"/> El Paso Natural Gas Company	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 <u>D</u>	Sec. <u>33</u>
	Twp. <u>27N</u>	Rge. <u>8W</u>
	Is gas actually connected? <u>No</u>	When <u>ASAP</u>

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.



David M. Hiatt  
Sr. Administrative Analyst

April 21, 1986

(Signature)

(Title)

(Date)

OIL CONSERVATION DIVISION  
MAY - 5 1986

APPROVED \_\_\_\_\_  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_  
Original Signed by FRANK T. CHAVEZ  
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'v.	Diff. Res'v
			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.			
1/06/86	4/16/86		5385'			5278'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
6762' - GL	Mesaverde		5008'			5045'			
Perforations						Depth Casing Shoe			
See Below						5380'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12 1/4"		9 5/8"		296'		220			
8 3/4"		7"		3100'		700			
6 1/4"		4 1/2"		5380'		300			
-		2 3/8"		5045'		-			

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	Choke Size
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
771	3 hrs.		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	970	975	3/4"

PERFORATIONS

5008-14'  
5026-44'  
5048-62'  
5070-90'  
5128-32'  
(All 2 JSPF)