

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
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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

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APR 25 1986

REQUEST FOR ALLOWABLE
AND
OIL CON. DIV.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS DIST. 3

Operator Tenneco Oil Company	
Address P.O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (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"/> Dry Gas <input type="checkbox"/> Casinghead 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. 16A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee USA SF	Lease No. 079232
Location				
Unit Letter <u>I</u> : <u>1565</u> Feet From The <u>South</u> Line and <u>1025</u> Feet From The <u>East</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"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco	P.O. Box 460, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>I</u> Sec. <u>33</u> Twp. <u>27N</u> Rge. <u>8W</u>	No ASAP

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 (Signature)
Sr. Administrative Analyst (Title)
April 21, 1986 (Date)

OIL CONSERVATION DIVISION MAY - 5 1986

APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
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 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 X	New Well X	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.v.
Date Spudded 1/22/86	Date Compl. Ready to Prod. 4/16/86		Total Depth 5680'		P.B.T.D. 5529' 5550				
Elevations (DF, RKB, RT, GR, etc.) 6963' - GL	Name of Producing Formation Mesaverde		Top Oil/Gas Pay 5212'		Tubing Depth 5347'				
Perforations See Below					Depth Casing Shoe 5676'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12 3/4"	9 5/8"		318'		220				
8 3/4"	7"		3350'		590				
6 1/4"	4 1/2"		5676'		320				
-	2 3/8"		5347'		-				

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 718	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 980	Casing Pressure (Shut-in) 995	Choke Size 3/4"

PERFORATIONS

5212-24'
5231-48'
5254-66'
5270-72'
5277-90'
5334-38'
5500-04'
5518-20'
5527-29'
(All 1 JSPF)