STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES REC	EIVED	
DISTRIBUTIO		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
IRANSPURIER	GA5	
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

l									
Operator Tenneco Oil Company E							DECF	INFI	ה
Address P. O. Box 3249, Engle	wood, C	O 80)155				W	1005	
Reason(s) for filing (Check proper box)						Other (Please exp	olain) SEP 0 6	1983	
New Well Change in Transporter of:							OIL CON	J Day	1
Recompletion 0	ı		☐ Dry G	Gas					
Change in Ownership	asinghead Ga	s	Cond	lensate		Well Na	me DIST	<u>. 3</u>	
If change of ownership give name and address of previous owner	El Pasc	Natu	ural Gas	, P.O.	Box 49	90, Farmi	ngton, NM 87499		
II. DESCRIPTION OF WELL AN								A	
Lease Name	T \	Well No.	Pool Name, In		ation		Kind of Lease US State, Federal or Fee	A SF	Lease No. 077106
Lackey B LS		14	Basin I	Jakota				3F	077106
Location A Unit Letter	790	·	Feet From The	, N		Line and	990 Feet From	The	
Line of Section 30	Town	ship	28N	. <u>-</u>	Range	9W	, _{NMPM.} San	Juan	County
Name of Authorized Transporter of Oil or Condensate X Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Unit Sec. Twp. Rge.					P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499 Is gas actually connected? When				
If well produces oil or liquids, give location of tanks.	_ A	30	28N	9W		Yes			
If this production is commingled with that from NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPLIA! I hereby certify that the rules and regulations	on revers	se side	if necessary	y. en complied	APPRO	OVED	DIL CONSERVATION D	IVISIO'S EP	, <u>Q 6 198</u>
with and that the information given is true and complete to the best of my knowledge and belief.					BY _	Fran	k. Jany		
Sr. Regulatory Analyst (Title)						is a request for allogy a tabulation of the tions of this form motory Section 1, 11, 111	compliance with RULE 1104. wable for a newly drilled or dee e deviation tests taken on the we ust be filled out completely for al i, and VI for changes of owner, w	ppened well, this fo ell in accordance w lowable on new and	ith RULE 111. I recompleted walls.
SE	985		11	or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.					

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEI	VED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		$-\Gamma$
LAND OFFICE		T
	OIL	
TRANSPORTER	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

Operator Tenneco Oil Company			DECEIVED						
Address P. O. Box 3249, Englewo	ood, CO	80155		N					
Reason(s) for filing (Check proper box)			Other (Please explain) SEP 0 6 1985						
	Transporter of:		OII CON DIV						
	Transporter or:		Dry Gas	OIL CON, DIV.					
The completion	nghead Gas	TC7	Condensate	Well Name DIST, 3					
Change in Camera			Box 4990, Farmington, NM 87499						
If change of ownership give name E. and address of previous owner		atural G	as, P.O.	BOX 4990, Farmington, Nat 07423					
II. DESCRIPTION OF WELL AND L	LEASE			Kind of Lease USA Lease No.					
Lease Name	Well N		ne, Including Form	State, Federal or Fee SF 077106					
Lackey B LS	1	4 Basi	n Dakota	SF 0//100					
Location	700		N	990 E					
Unit Letter :	790	Feet From		Line and Feet From The					
30	Township	28N		Range 9W NMPM San Juan County					
Line of Section	TOWNSHIP								
III. DESIGNATION OF TRANSPOR	TER OF O	I AND NAT	URAL GAS						
Name of Authorized Transporter of Oil _ or O	ondensate X	271102 11717		Address (Give address to which approved copy of this form is to be sent)					
Conoco Inc. Surface Tra		tion		P. O. Box 460, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead (Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas				P. O. Box 4990, Farmington, NM 87499					
	Unit	Sec. Twp.	Rge.	Is gas actually connected? When					
If well produces oil or liquids, give location of tanks.	Α	30 28	N 9W	Yes					
If this production is commingled with that from an	ny other lease or	pool, give commin	ngling order numbe	er					
NOTE: Complete Parts IV and V of	on reverse s	side il rieces	isary.						
· · · · · · · · · · · · · · · · · · ·	CE.			OIL CONSERVATION DIVISIONS EP 19 6 19					
VI. CERTIFICATE OF COMPLIAN		estion Division ha	we been complied	APPROVED SEP, 19 0 13					
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.									
				- X					
1. 201/				TITLE SUPERVISOR DISTRICT # 8					
Soft M-Kimin	~		This form is to be filed in compliance with RULE 1104.						
(\$ig	gnature)			If this is a request for allowable for a newly drilled or deepened well, this form must be acco					
Sr. Regulatory Analyst	/		panied by a tabulation of the deviation tests taken on the well in accordance with HULE 111.						
	Title)			All sections of this form must be filled out completely for allowable on new and recompleted wall					
	4 400	F		Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporte or other such change of condition.					
SEP	_{Date)} 1 198	5	Separate Forms C-104 must be filed for each pool in multiply completed wells.						
				II					

Testing Method (pilot, back pr.)	Tubing Presssure (Shufun)		Casing Pressure	(ni-tud2)		Choke Size		·	
Actual Prod. Test - MCF/D	Length of Test	PIESUBDIO 10 ANAPIO							
AS WELL									
Actual Prod. Dunng Test	Oil - Bbls.		Water - Bibls.			Gas - MCF			
Length of Test	9ruzesrq priduT		Casing Pressure			Choke Size			
Date First New Oil Run to Tanks	Date of Test		Producing Method (Flow, pump, gas lift, etc.)						
Y. TEST DATA AND REQUEST I	R ALLOWABLE OIL WE	רך	(Test must be after Jepth or be for full	recovery of total	io bsol to amulov	enbə əq ısnu pue l	al to or exceed top	allowable for this	
HOLE SIZE	CASING & TUBING			ACKS CEMEN	1				
	товіне, с	DNA , DNISA	CEMENTING	RECORD			-		
Pertorations						Depth Casing St		·	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay Tubing Depth							
Date Spudded	Date Compl. Ready to Prod.	Total Depth			.0.T.8.9				
Designate Type of Completion	II9W IIO	Gas Well	New Well	Могкочег	Deepen	bing Back	V 28H 9ms2	v'.zeR .ttiQ	
V. COMPLETION DATA							34		

Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410	REQUEST FO	OR ALLOWA	BLE AND	AUTHOR	IZATION					
I.		NSPORT O			AS					
Operator Amoco Production Com	nanv		Well API No.							
Address	Pany				3004	507223				
1670 Broadway, P. O.	Box 800, Denve	r, Colorac	lo 80201	l						
Reason(s) for Filing (Check proper box)			Out-	ct (Please expl	lain)				-	
New Well	_ t	Transporter of:								
Recompletion	Oil	Dry Gas L.J.								
16 -	· · · L			P 1						
	neco Oil E & F	, 0102 3.	willow,	rugiewoo	oa, Colo	rado 801	55		-	
II. DESCRIPTION OF WELL Lease Name		Pool Name, Includ	ing Etion		-				_	
LACKEY B LS	l	ASIN (DAKO	•		FEDE	DAT	1	ease No. 7106		
Location		(D.M.)			1 000	IVID	SF07	/100	_	
Unit Letter A	:790	Feet From The $\stackrel{\mathrm{FN}}{-}$	L Lin	e and <u>990</u>	Fo	et From The F	EL	Line		
Section 30 Townsh	nip 28N	Range9W	, NI	мрм,	SAN J	UAN		County		
HL. DESIGNATION OF TRAI	NSPORTER OF OU	AND NATE	DAL CAS							
Name of Authorized Transporter of Oil	or Condens			e address to wi	hich approved	copy of this form	is to be se	ni)	_	
CONOCO			P. O. BOX 1429, BLOOMFIELD, NM 87413							
Name of Authorized Transporter of Casid EL PASO NATURAL GAS CO		or Dry Gas [X	1		• • •	copy of this form		ni)		
If well produces oil or liquids,		Iwp. Rge.	is gas actuall		When	TX 799	18		_	
give location of tanks.	. j j 1.	1	L							
If this production is commingled with that IV. COMPLETION DATA	from any other lease or p	ool, give comming	ling order numl	er:					-	
D	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Sa	me Res'v	Diff Res v		
Designate Type of Completion Date Spudded	Date Compl. Ready to I		Total Depth	l	L	L1_		<u> </u>		
17ate aprinted	Date Compt. Ready to 1	TOG.	rous Depui			P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas I	ay		Tubing Depth			-		
Perforations	.L <u></u>		L			Depth Casing Shoe				
						Echol Casing S	1100			
	TUBING, C	CASING AND	CEMEN'III	NG RECOR	D					
HOLE SIZE	CASING & TUE	ING SIZE		DEPTH SET		SAC	CKS CEME	ENT		
V Treet Bata Akis praise	CT CAB III AWA	51 F	l							
V. TEST DATA AND REQUE OIL WELL — (Test must be after)	ST FOR ALLOWA! recovery of total volume of	-	be equal to or	exceed top alla	wable for this	denth or he for	full 24 hour	· • 1		
Date First New Oil Run To Tank	Date of Test		,	thod (Flow, pu					_	
Length of Test	37.4 Fa		Casing Pressu			Clioke Size			.	
eengar or Test	Tubing Pressure		Casing riessu	ie		Choke Size				
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.			Gas- MCF			1	
						l			_}	
GAS WELL Actual Prod. Test - MCF/D	The same of way are		I BLAT VALIDATE			ration van				
Actual Fred. Test - MCF/D	Length of Test		Bbls. Cendensate/MMCF			Gravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut in)		Casing Pressure (Shut-in)			Choke Size			-	
						L				
VI. OPERATOR CERTIFIC				II CON	SERVA	ATION DI	VISIO	N		
I hereby certify that the rules and regul Division have been complied with and	OIL CONSERVATION DIVISION									
is true and complete to the best of my	knowledge and belief.	Date ApprovedMAY 08 1000								
(1. 1 Hz	pton	Bus) Chang								
Signature J. O. 100m	g con	Ву								
. 7	. Staff Admin.	SUPERVISION DISTRICT # 3								
Janaury 16, 1989	303-83	ille 0-5025	Title_							
Date	Teleph	one No.								

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C 404 must be filed for each pool in multiply completed wells,