STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

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TRANSPORTER	GAS		
OPERATOR	•		Γ
PRORATION OFFICE			Γ

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

LAND OFFICE							
TRANSPORTER		REQUES	T FOR ALLO	WARLE			
OPERATOR GAS		HEGGES	AND	***************************************			
PRORATION OFFICE	AUTHOF	IZATION TO TR	–	IL AND NATU	RAL GAS		
1	,,				HAL GAS D) E G	FINE	
Operator					IM -		
Tenneco Oil Company 🐗					44		111/
Address					SEP	06 1985	
P. O. Box 3249, Engle	wood, CO 8	0155			011 00		
Reason(s) for filing (Check proper box)				Other (Please ex	(plain)	N. DIV	
New Well Change	in Transporter of:				DIS	ST 3	·
Recompletion 0		Dry Gas					
	asinghead Gas	Condensat	te	Well N	ame		
Change in Ownership	asinghead das						
If change of ownership give name and address of previous owner	El Paso Nat	ural Gas, P	O. Box	4990, Farm	ington, NM 874	99	
,							
II. DESCRIPTION OF WELL AND		Pool Name, Includin	a Formation		Kind of Lease	USA	Lease No.
Lease Name	Well No.		ig Formation		State, Federal or Fee	SF	077106
Lackey B LS	2	Aztec-PC			<u> </u>	<u> </u>	077106
Location	000 -				000	-	
Unit Letter : _	990	Feet From The	N	Line and	990 Feet F	rom The	
					_	_	
Line of Section 30	Township	28N	Range	9W	, NMPM, Sa	n Juan	County
III. DESIGNATION OF TRANSPO	ORTER OF OIL A	ND NATURAL C	GAS	-			
Name of Authorized Transporter of Oil o					ch approved copy of this form		
Conoco Inc. Surface T					O, Hobbs, NM 8		
Name of Authorized Transporter of Casinghea	id Gas □ or Dry Gas □	X	l	•	ch approved copy of this form		
El Paso Natural Gas					90, Farmington	, NM 87499	
	Unit Sec.	Twp. Rge		ctually 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	any other lease or pool.	give commingling order	number				
NOTE: Complete Parts IV and \	/ on reverse side	if necessary.					
			11			50,401011	
VI. CERTIFICATE OF COMPLIA	NCE		- 11	(OIL CONSERVATION	DIVISIONED	Q ₃ 6 1985
I hereby certify that the rules and regulations	of the Oil Conservation	Division have been co		ROVED	17(3)		,49 <u>5 1566</u>
with and that the information given is true a	nd complete to the best	of my knowledge and	BY	Tran	far). Saves!		
•	•		P'			SIIDEDVISOD	DISTRICT = 9
Stat M=Ku	,		TITLE	<u> </u>		SUPERVISOR	DISTRICT 3
Latt M=Ku	uer						
2000 - 77770	Signature)				n compliance with RULE 1104. lowable for a newly drilled or	deenened well this	form must be accom-
Sr. Regulatory Analyst	•				ne deviation tests taken on the		
	(Title)				nust be filled out completely fo		
					III, and VI for changes of owne	r, well name and or n	umber, or transporter,
SEP	1 1985		i i	er such change of co			
	(Date)		Sep	irate Forms C-104 m	ust be filed for each pool in m	ultiply completed we	elis.

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IV. COMPLETION DATA

				 -				
esting Method (pilot, back pr.)	(ni-tud2) enesseng (pridut		Casing Pressure	(Ohut-in)		Choke Size		
Actual Prod. Test - MCF/D	length of Test		Bbls. Condensal	te/MMCF		Gravity of Conde	ətsan	
AS WELL								
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas - MCF		
ten During boat								
Length of Test	Fressure		Casing Pressure			SziZ sylon		
Date First New Oil Run To Tanks	Date of Test			d (Flow. pump, gas	(.ote .thi			
. TEST DATA AND REQUES	A ALLOWABLE OIL WE	$^{ ho}_{\scriptscriptstyle \mathcal{O}}$	est must be externited to the orth	er recovery of total ili 24 hours)	io baol to amulov	and must be equa	do or exceed top	11 101 eldswolls (
						-		
							NZWZO OVOV	
HOLE SIZE	CASING & TUBING SIZE		ND CEMENTING RECORD			SACKS CEMENT		
	PUBLIT	CINA SINISA	CEMENTING	<u> </u>				
Perforations						Depth Casing St	900	<u> </u>
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
			undag ima			.O.T.8.9		
bebbud2 ets0	Date Compl. Ready to Prod.	 	Total Depth			0180		1 Sec. 1 1
Designate Type of Completion	(X) -	i llew 256	lleW well	Workover	Deepen	Plug Back		v seR Hid
V. COMPLETION DATA				·				