

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SEP 06 1985
OIL CON. DIV.
DIST. 3

I. Operator Tenneco Oil Company	
Address P. O. Box 3249, Englewood, CO 80155	
Reasons for filing (Check proper box)	Other (Please explain)
☐ New Well ☐ Recompletion ☒ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☒ 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 Warren LS	Well No. 5 A	Pool Name, including Formation Blanco-MV	Kind of Lease State, Federal or Fee USA SF	Lease No. 077123
Location				
Unit Letter J	1770	Feet From The S	Line and 1840	Feet From The E
Line of Section 24	Township 28N	Range 9W	NMMP San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

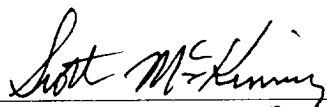
Name of Authorized Transporter of Oil or Condensate ☒ Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas or Dry Gas ☒ El Paso Natural Gas	Address (Give address 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 J	Sec. 24	Twp. 28N	Rge. 9W	Is gas actually connected? Yes	When

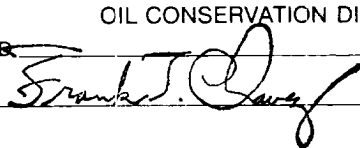
If this production is commingled with that from any other lease or pool, give commingling order number

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
SEP 1 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED 
BY **SEP 06 1985**
TITLE **SUPERVISOR DISTRICT**
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)		Date Spudded	Date Comp. Ready to Prod	Total Depth	SS10
Oil Well				New Well	
Gas Well				Workover	
				Deepen	
				Plug Back	
				Same Resv.	
				Diff. Resv.	

Date Spudded	Date Comp. Ready to Prod	Total Depth	P.B.T.D.
Elevations (D.F., R.K.B., R.T., G.A., etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth

TUBING, CASING, AND CEMENTING RECORD

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date first New Oil Run To Tanks		Date of Test		Producing Method (Fr. pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	Actual Prod. During Test	Oil - Bbs Water - Bbs Gas - MCF
Actual Prod. Test - MCF D	Length of Test	Bbs Condensate/MMCF	Gravity of Condensate	Testing Method (Dip, back off)	Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size