

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRORATION OFFICE	

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

RECEIVED
MAR 10 1986
OIL CON. DIV.
DIST. 3

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Tenneco Oil Company

Address
P. O. Box 3249, Englewood, CO 80155

Reason(s) for filing (Check proper box)
☒ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☐ Condensate
 Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lackey B LS	Well No. 12E	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee USA SF	Lease No. 077106
Location Unit Letter <u>F</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>1460</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>28N</u> Range <u>9W</u> , NMPM, San Juan 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, Inc.	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 checked="" 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 F	Sec. 21	Twp. 28N	Rge. 9W	Is gas actually connected? No	When 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.

Ann Jolliver
(Signature)

Administrative Operations

(Title)

February 27, 1986

(Date)

OIL CONSERVATION DIVISION **APR 17 1986**

APPROVED _____
BY Original Signed by FRANK T. CHAVEZ
TITLE 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 Resv.	Diff. Resv.		
Date Spudded		12-18-85		Date Compl. Ready to Prod.		7190' KB		P.B.T.D.		7145' KB		Tubing Depth		4730' KB		Depth Casing Shoe		5290' KB	
Elevations (D.F., RKB, RT, GR, etc.)		6347' GL		Name of Producing Formation		4480' KB		Top Oil/Gas Pay		4730' KB		Tubing Depth		4730' KB		Depth Casing Shoe		5290' KB	
Perforations				Mesaverde		4480' KB		Top Oil/Gas Pay		4730' KB		Tubing Depth		4730' KB		Depth Casing Shoe		5290' KB	
TUBING, CASING, AND CEMENTING RECORD										See below									

--
2-3/8" tbq
4730' KB
--
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	2294 mcfpd	Length of Test	3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (plot, back pr.)	back pressure	Tubing Pressure (Shut-in)	1000 psi	Casing Pressure (Shut-in)	1000 psi
				Choke Size	3/4

PERFORATIONS

1 JSPF, 58' 58 holes	4480-84'	4680-94'	4729-34'	4768-70'	4774-76'	4780-83' KB
2 JSPF 24', 48 holes	4870-74'	4960-67'	4928-32'	5012-17' KB	4938-42'	4944-46'
	4951-53'					