

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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

P.O. BOX 2088 SANTA FE, NEW MEXICO 87501

OIL CON. DIV. J

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator					
Tenneco Oil Company					
Address					
P. O. Box 3249, Englewood, CO 80155					
Reason(s) for filing (Check proper box)	Other (Please explain)				
New Well Change in Transporter of:					
Recompletion Uil Dry Gas					
Change in Ownership Casinghead Gas Condensate					
If change of ownership give name and address of previous owner					
II. DESCRIPTION OF WELL AND LEASE	ion Kind of Lease IIC A Lease No.				
Lease Name Well No. Pool Name, Including Formati	State, Federal or Fee USP				
Michener A 7 Blanco Mesay	verde SF 077107				
Location	_				
Unit Letter B: 790 Feet From The No.	rth Line and 2095 Feet From The East				
Line of Section 33 Township 28N	Range 9W NMPM San Juan county				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil □ or Condensate □ Address (Give address to which approved copy of this form is to be sent)					
NOTE: Complete Parts IV and V on reverse side if necessary.					
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION 0 2, 1986				
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.	BY Original Signed by FRANK T. CHAVEZ				
0	TITLE SUPERVIŞOR DISTRICT # 3				
Stot Mining	This form is to be filed in compliance with RULE 1104.				
(Signature)	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.				
Senior Regulatory Analyst	All sections of this form must be filled out completely for allowable on new and recompleted walls				
12/24/85	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.				
(Date)	Separate Forms C-104 must be filed for each pool in multiply completed wells.				

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

3/4"

IV. COMPLETION DATA

	ויים פוני פוני או איים או ליים			
	Producing Method (Flow, pump, gas lift, etc.)	Date of Test	Date First New Oil Run To Tanks	
d oil and must be equal to or exceed top allowable for this	(Test must be after recovery of total volume of loa depth or be for full 24 hours)	S ALLOWABLE OIL WELL	V. TEST DATA AND REQUEST FOR	
	231 KB	2 3/8" liner		
240 sx, 376 CF	4572-5700' KB	4 1/2" csg liner	"t/I 9	
920 8X 1003 CE	ddS2, KB	Z" csg	8 3/4"	
S20 8x S32 CE	301, KB	6 2\8 ii cad	12 1/4"	
SACKS CEMENT	DEPTH SET	CASING & TUBING SIZE	HOLE SIZE	
TUBING, CASING, AND CEMENTING RECORD				
2200, KB	2024-30, 2025-60, 2094-5100 *			
Depth Casing Shoe		səlou Ot		
231 KB	2054, KB	Mesaverde	9843, CF	
Tubing Depth	Top Oil/Gas Pay	Name of Producing Formation	Elevations (DF, RKB, RT, GR, etc.)	
2010 KB	2104; KB	15/16/85	10/10/82	
.0.1.8.9	Total Depth	Date Compl. Ready to Prod.	Date Spudded	
	XX	XX		
Plug Back Same Res'v. Diff. Res.'v	New Well Workover Deepen	Oil Well Gas Well	Designate Type of Completion	
			IV. COMPLETION DATA	

Length of Test Tubing Pressure Casing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil • Bbls. Choke Size

GAS WELL Actual Prod. Test · MCF/D Leafing Method (pilot, back pt.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size

DKL

*1 12PF 84', 84 holes

Back pressure

720

2358-34, 2308-13, 2506-93, 2578-86, 254-72, 258-45,

2439-40, 2381-84, 2343-23,

28-LLSS 189**-**1999