

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

FEB 06 1986  
OIL CON. DIV.  
DIST. 3

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)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Lackey B LS	Well No. 11A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee USA SF	Lease No. 077106
Location Unit Letter <u>C</u> : <u>945</u> Feet From The <u>North</u> Line and <u>1975</u> Feet From The <u>West</u> Line of Section <u>30</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. 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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 30
	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)  
January 31, 1986  
(Date)

OIL CONSERVATION DIVISION

APPROVED FEB 13, 1986  
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		12-15-85	Date Compl. Ready to Prod.	1-27-86	Total Depth	5050' KB	P.B.T.D.	5013' KB	
Elevations (D.F., RKB, RT, GR, etc.)		6201' KB	Name of Producing Formation		Mesaverde	Top Oil/Gas Pay	4221' KB	Tubing Depth	4714' KB
Perforations		*See Below							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
5018' KB		5018' KB		5018' KB		5018' KB			

12-1/4	9-5/8" csq	305' KB	250SX (295CF)
8-3/4	7" csq	2850' KB	440SX (743CF)
6-1/4	4-1/2" liner csq	2677'-5018' KB	325SX (499CF)
--	2-3/8" tbq	4714' 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	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF				

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2424 mcf	3 hrs		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pressure	880 psi	880 psi	3/4

## \*Perforations

2 JSPF 31', 62 holes  
4221-32', 4334-36'  
4280-82', 4343-46'  
4318-22', 4410-17' KB  
4329-31'

2 JSPF fr 4620-25', 4632-34'  
4636-38', 4688-70' then 1 JSPF  
fr 4676-78', 4680-82', 4704-10',  
4755-57', 4760-62', 4765-66',  
4776-78', 4936-38' KB for 51' 80 holes