STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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NO. OF COPIES REC	EIVED		
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FILE			
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

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

1.		· · · · · · · · · · · · · · · · · · ·			- -				
Tenneco Oil Company Æ	P-WRMD-					DE	CELAF		
Address						IV/		120	
P. O. Box 3249, Englewo	ood, CO 8	10155					SEP 06 1985		
Reason(s) for filing (Check proper box)					Other (Please ex	plain)			
New Well Change in	Transporter of:				OIL CON. DIV.				
Recompletion Oil		☐ Dry 0	Gas	nict 3					
X Change in Ownership Casir	ighead Gas	∭ Cond	densate		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 L	.EASE								
Lease Name	Well No.	Pool Name. In	cluding Forma	mation		Kind of Lease	USA	Lease No.	
Day A LS	15	Blanco-	-PC. E	rt		State, Federal or Fe	* SF	078414	
Location			-			· · · · · · · · · · · · · · · · · · ·			
Unit Letter : :	660	Feet From The	eS		Line and	1050	_ Feet From The		
Line of Section 17	Township	29N		Range	8W	, NMPN	, San Juan	County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil = or Condensate X. 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									
					P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas					P. O. Box 4990, Farmington, NM 87499				
	Unit Sec.	Twp.	Rge.		ally connected?	When	, 0011, 1011 07 13		
If well produces oil or liquids, give location of tanks.	I 17		8W		Yes				
If this production is commingled with that from any	other lease or pool	, give commingling	order number	′					
NOTE: Complete Parts IV and V o	n reverse side	e if necessar	y.						
VI. CERTIFICATE OF COMPLIANCE	Έ				C	OIL CONSERVA	TION DIVISION	D 0 6 1085	
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.			APPROVED SOLUTION DIVISIONEP 0.6 1985						
Joth Making			TITLE SUPERVISOR DISTRICT 册 3 This form is to be filed in compliance with RULE 1104.						
Sr. Regulatory Analyst			If this i	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.					
SEP 1 (CC)				11	All sections of this form must be filled out completely for allowable on new and recompleted walls. Fill out only Section I, II, III. and VI for changes of owner, well name and or number, or transporter,				
(Date)			or other s	or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.					

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Choke Size Casing Pressure (Shut-in) (ni-tud2) enessen gniduT Testing Method (pilot, back pt.) Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D **GAS WELL** Gas - MCF Water - Bbls. Oil - Bols. Actual Prod. During Test Choke Size Casing Pressure Tubing Pressure Length of Test Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Bun To Tanks (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE TUBING, CASING, AND CEMENTING RECORD Depth Casing Shoe Perforations Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) .0.T.8.9 Designate Type of Completion — (X) bing Back Gas Well Oil Well IV. COMPLETION DATA