STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA FE

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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

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Operator Tenneco Oil Company	E & P WR	10					D			
Address P. O. Box 3249, Engl	ewood, CC	801	55					SEP 0	6 1985	٧
Reason(s) for filing (Check proper box)						Other (Please ex	(plain)			•
	- i- Transportor	n.f.					(OIL CO	N. DIV	
	ge in Transporter o	J1.	Dry 0	200			`	DIE DIE	T. 3	
	Oil					Well N	ame	Dis)1. U	
Change in Ownership	Casinghead Gas		LA Cond	lensate		1				
If change of ownership give name	El Paso	Natur	al Gas	, P.O.	Box 4	990, Farm	ington,	NM 8749	9	
and address of previous owner					-					
II. DESCRIPTION OF WELL AN	ID LEASE									
Lease Name	We	II No. F	ool Name, In	cluding Forma	ation		Kind of Lea		SA	Lease No.
Hughes LS	}	21	Blanco	PC			State, Fede	rai or Fee	SF	078046
Location							<u> </u>			
I	1660			S			1190		E	
Unit Letter:			Feet From Th		 	Line and		Feet Fro	om The	
			2081			8W		625	Tunn	
Line of Section 21	Townsh	iip	29N		Range	O.W		, _{NMPM} , San	Juan	County
Name of Authorized Transporter of Casingh El Paso Natural Gas If well produces oil or liquids.	Address (Give address to P. O. Box Unit Sec. Twp. Rge. Is gas actually connected.				(Give address to white O. Box 49)	<u>!</u>				
give location of tanks.				1	L			L		
If this production is commingled with that fro NOTE: Complete Parts IV and VI. CERTIFICATE OF COMPLI. I hereby certify that the rules and regulatio with and that the information given is true	V on reverse ANCE ons of the Oil Cons	e side if	necessar	y. een complied		OV E O	OIL CONS	SERVATION	DIVISION S	P. 0 6 198
1			,		BY	Draw 	b).	Savey	SUPER'	VISOR DISTRICT 張 1
Stot Miku	my				This	form is to be filed in	n compliance	with RULE 1104.		
Sr. Regulatory Analys	YSignature)				panied	by a tabulation of the	he deviation te	ests taken on the	well in accordan	
12	EP ^(Title) 1 19	85			11		s form must be filled out completely for allowable on new and recompleted walls. on I, II, III, and VI for changes of owner, well name and or number, or transporter,			
	(Date)				or othe	r such change of co trate Forms C-104 m	ondition.			
								*	-	

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				(Choke Size			
esting Method (pilot, back pt.)	Tubing Presssure (Shut-in)	(Casing Pressure	(di-tridg)	•				
Actual Prod. Test - MCF/D	Length of Test		Bbis. Condensat	e/MMCF		Gravity of Condi	- ateana		
AS WELL									
				_					
		<u> </u>							
seal fulling tool (ignor)	Oit - Bbls.		Water - Bbis.			G92 - WCE			
Actual Prod. During Test	944 10								
_	2100001 1 6.400		Casing Pressure			Choke Size			
isaT to dipna.	Tubing Pressure		existed Braise						
				and ideal was a	tana hun				
Obte First New Oil Bun To Tanks Date of Test									
TEST DATA AND REQUEST	PR ALLOWABLE OIL	יר אברר	ut not ad no dtaab	il 24 hours)	volume of load	nbə əq ısnıu pue ili	ial to or exc ee d top	di 101 side wolle (
			-				-		
			-						
									
				170 111 170			SACKS CEMEN		
HOLE SIZE	HOFE SIZE CASING & TUBING SIZE			DEPTH SET		,	1121120 0/1013		
	IIBUT	ING, CASING, AN	CEMENTING	3 RECORD					
Perforations						Depth Casing S	əouş		
				-					
	NULLO I BUILDADOL I LO OLUMNI	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Prod. cing Forms	doiter	-4 5/1/5						
			1			.0.0.0.1			
Date Spudded	Date Compl. Ready to Pro	.boi	Total Depth			.G.T.B.9			
Designate Type of Completic	(v) _	İ	į			_	-	,	
Situlamon to equT etempise()	II-W IIO	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resiv	v seg HiO	
V. COMPLETION DATA									