

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

**RECEIVED**  
SEP 06 1985  
OIL CON. DIV.  
DIST. 3

I. Operator Tenneco Oil Company E & P WRMB

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

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

Other (Please explain) 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 LEASE

Lease Name <b>Hughes LS</b>	Well No. <b>17</b>	Pool Name, Including Formation <b>Blanco-PC</b>	Kind of Lease State, Federal or Fee <b>USA</b> <b>SF</b>	Lease No. <b>078046</b>
Location Unit Letter <b>H</b> : <b>1640</b> Feet From The <b>N</b> Line and <b>990</b> Feet From The <b>E</b> Line of Section <b>19</b> Township <b>29N</b> Range <b>8W</b> , NMPM, <b>San Juan</b> 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"/> <b>Conoco Inc. Surface Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 460, Hobbs, NM 88240</b>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 4990, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks. Unit <b>H</b> Sec. <b>19</b> Twp. <b>29N</b> Rge. <b>8W</b>	Is gas actually connected? <b>Yes</b> When

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.

Scott McHenry  
(Signature)  
Sr. Regulatory Analyst

(Title)  
**SEP 1 1985**  
(Date)

OIL CONSERVATION DIVISION  
APPROVED Frank J. Quigley **SEP 06 1985**  
BY Frank J. Quigley  
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 Res'v	Diff. Res'v	

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	Tubing Depth	Perforations				
					Top Oil/Gas Pay				
									Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size