

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION

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

Form C-104
Revised 10-01-76
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Tenneco Oil Company E & P WRMD	
Address P. O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate
Change in Transporter of <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	Well Name

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SEP 06 1985
OIL CON. DIV
DIST. 3

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 Vanderwart A LS	Well No. 1 A	Pool Name, Including Formation Blanco-PC Ext.	Kind of Lease State: Federal or Fee USA SF	Lease No. 078502
Location Unit Letter P : 800 Feet From The S Line and 800 Feet From The E Line of Section 11 Township 29N Range 8W NMPM San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

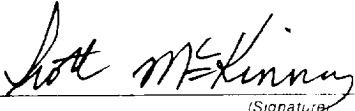
Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" 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 87499					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 11	Twp. 29N	Range 8W	Is gas actually connected? Yes	When

If this production is commingling with that from any other lease or pool, give commingling order number

NOTE: Complete Parts IV and V on reverse side if necessary.

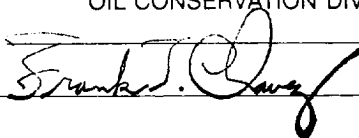
VI. CERTIFICATE OF COMPLIANCE

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.



Sr. Regulatory Analyst
SEP 1 1985

(Date)

OIL CONSERVATION DIVISION
APPROVED  **SEP 06 1985**
BY _____
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.	
Elevations (D.F., R.K.B., R.T., G.R., etc.)	Name of Producing Formation		Top Oil/Gas Pay	Tubing Depth	
Perforations	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

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 (Phot. Back P.D.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size