## 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

Change in Change in Transporter of:	Tenneco Oil Company	E C D HRMD				1085
Change of ownership casinghead Gas	Address P. O. Box 3249, Engl	ewood, CO 80	0155			SEP 06 1985
Change of ownership casinghead Gas	Reason(s) for filing (Check proper box)				Other (Please ex	(plain)
Change of ownership casinghead Gas	New Well Chan	ne in Transporter of				OIL DIST. 3
Change in Ownership Change of ownership give name change of ownership give name change of ownership give name displayed and provides of previous owner.  E1 Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499  Lease No.  DESCRIPTION OF WELL AND LEASE Lease Name Vanderwart A LS  5 A  Blanco-PC Lext.  Side, Federal or Fee SF  -07850;  Location  Unit Letter  J 1700 Feet From The S Line and  1600 Feet From The E  Line of Section  14  Township 29N Range BW NMPM, San Juan County  II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate X  Conoco Inc. Surface Transportation Name of Authorized Transporter of Oil or Condensate X  Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas Or Dry Gas X E1 Paso Natural Gas  If well produces oil or liquids.  J 14 29N 8W Yes  Vinen  Vinen  Incernificate Or Peet From The S Line and Section Nich approved copy of this form as to be sent) P. O. Box 4990, Farmington, NM 87499  If well produces oil or liquids.  J 14 29N 8W Yes  Vinen  Vinen  Vinen  Vinen  Vinen  Vinen  Supervision District  This form is to be filed in compliance with RULE 1104.  All sections of the deviation tests taken on the well in accordance with RULE 1104.  All sections of the formation designation of deepened well. this form must be accordance with Rule 1104.  All sections of the formation of the deviation tests taken on the well in accordance with RULE 1104.  All sections of the formation tests taken on the well in accordance with RULE 1104.  All sections of the formation of the deviation tests taken on the well in accordance with RULE 1104.  All sections of the formation of the deviation tests taken on the well in accordance with RULE 1104.  All sections of the formation of the deviation tests taken on the well in accordance with RULE 1104.  All sections of the Section of the deviation tests taken on the well in accordance with RULE 1104.  All sections of the Section and the complete for disvivable on new and recomplete to or other	<b>-</b>	_				Dio.
It change of covereship give name and address of previous owner.  I. DESCRIPTION OF WELL AND LEASE Lease Name Venderwart A LS 5 A Blanco-PC Ext.  State, Federal or Fee SF -078502  Location  J 1700 Feet From The S Line and 1600 Feet From The Line of Section  J 1700 Feet From The S Line and State, Federal or Fee SF -078502  Location  J 1700 Feet From The S Line and State, Federal or Feet SF -078502  Location  J 1700 Feet From The S Line and State, Federal or Feet SF -078502  Location  J 1700 Feet From The S Line and State, Federal or Feet SF -078502  Location  J 1700 Feet From The S Line and State, Federal or Feet SF -078502  Location  J 1700 Feet From The S Line and State, Federal or Feet SF -078502  Location  J 1600 Feet From The Lease No.  Address (Give address to which approved copy of firis from is to be sent) P. O. Box 460, Hobbs, NM 88240 P. O. Box 460, Hobbs, NM 88240  P. O. Box 4990, Farmington, NM 87499  If well produces dii or liquids. J 14 29N 8W Address (Give address to which approved copy of firis from is to be sent) P. O. Box 4990, Farmington, NM 87499  If well produces dii or liquids. J 14 29N 8W Yes  If well produces dii or liquids. J 14 29N 8W Yes  ITILE SUPERVISION DIVISION  SEP, 66 194  APPROVED  ST. Regulatory Analyst  TITLE  This form is to be field in compilance with RULE 1104.  If this is a request for all one despend well, this form must be accompleted with and that the information given is true and completed well this form must be accompleted with and that the information given is true and completed will this form must be accompleted with and that the information given is true and completed will this form must be accompleted by a Industry of all weakers on which approved copy of this from a restrict and on the well in accordance with RULE 1104.  If this is a request for in the deviation on the well in accordance with RULE 1104.  If this is a request for in the deviation on the well in accordance with RULE 1104.  If this is a request for in the deviation on the well in accordance with RUL	<b>₹</b>		177		Well Na	ame
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		(Date)			Fill out only Section I, II, II or other such change of cor	II, and VI for changes of owner, well name and or number, or transportendition.

Form C-104 Revised 10-01-78 Format 06-01-83

esting Method (pilot, back pr.)	(ni-fund) Pressaure (Shuf-in)		Casing Pressur	ini-tud8) ən		Choke Size	
Actual Prod. Test - MCF/D	rength of Test		Bpls: Couqeus:	sate/MMCF		Gravity of Conde	etsate
AS WELL							
Actual Prod. Dunng Test	SIGB - IIO		Water - Bbls.			Gas - MCF	
taeT to ritigne.	Tubing Pressure	<u> </u>	Casing Pressur	9.1		Choke Size	
Jate First New Oil Run To Tanks	Date of Test		Producing Metho	seg .qmuq .wol.i) bor	s lift, etc.)		
TEST DATA AND REQUES	T FOR ALLOWABLE OIL WE	773.	(Test must be at for the for the	itter recovery of total full 24 hours)	beol to amuloy l	upa ad tsum bna lio	al to or exceed to
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Date Spudded Elevations (DF. AKB, AT, GA, etc.)	Date Compl. Ready to Prod.  Name of Producing Formation		rided latoT	ΛP <sub>c</sub>		.C.T.8.9	
	Date Compl. Ready to Prod.	Gas Well		Workover 1	Deepen		V'saff ame?