

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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| 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

**RECEIVED**  
NOV 08 1985  
OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**Tenneco Oil Company**

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

Reason(s) for filing (Check proper box) Other (Please explain)

|  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well                | Change in Transporter of:               | <input type="checkbox"/> Dry Gas    |
| <input checked="" type="checkbox"/> Recompletion | <input type="checkbox"/> Oil            | <input type="checkbox"/> Condensate |
| <input type="checkbox"/> Change in Ownership     | <input type="checkbox"/> Casinghead Gas |                                     |

**Dual to Pictured Cliffs**

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

|                                |                        |   |   |                            |
|--------------------------------|------------------------|---|---|----------------------------|
| Lease Name<br><b>Hughes LS</b> | Well No.<br><b>1 A</b> | Pool Name, Including Formation<br><b>Blanco Pictured Cliffs</b> | Kind of Lease<br>State, Federal or Fee<br><b>USA</b><br><b>SF</b> | Lease No.<br><b>078046</b> |
| Location                       |                        |   |   |                            |
| Unit Letter <b>D</b>           | : <b>925</b>           | Feet From The <b>North</b>                                      | Line and <b>1850</b>  | Feet From The <b>west</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"/>         | Address (Give address to which approved copy of this form is to be sent) |
| <b>Conoco Inc. Surface Transportation</b>  | <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"/> | Address (Give address to which approved copy of this form is to be sent) |
| <b>El Paso Natural Gas Company</b>   | <b>P. O. Box 4990, Farmington, NM 87499</b>                              |
| If well produces oil or liquids,<br>give location of tanks.  | Unit Sec. Twp. Rge. is gas actually connected? When                      |
| <b>D 19 29N 8W</b>   | <b>No ASAP</b>   |

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 McKinnis*  
(Signature)

Senior Regulatory Analyst

(Title)

11/4/85

(Date)

OIL CONSERVATION DIVISION **DEC 26 1985**

APPROVED \_\_\_\_\_, 19\_\_\_\_

BY **Original Signed by FRANK T. CHAVEZ**

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

| Date Sounded | Designate Type of Completion — (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res.v. | Diff. Res.v |
|--------------|------------------------------------|----------|----------|----------|----------|--------|-----------|-------------|-------------|
|              | (X)                                |          | XX       |          |          |        |           |             | XX          |

| Date Spudded  | Date Comp. Ready to Prod.   | Total Depth     | P.B.T.D.          |
|---|-----------------------------|-----------------|-------------------|
| 2/27/78   | 10/21/85                    | 5699' KB        | 5681' KB          |
| Elevations (DF, RKB, AT, GR, etc.)  | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth      |
| 6408' GL  | Blanco PC                   | 3025' KB        | 3115' KB          |
| Perforations 2 JSPF 45', 90 holes<br>3025-66', 3119-23'<br>TURNING CASING AND SETTING STOPS |                             |                 |                   |
|   |                             |                 | Depth Casing Shoe |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET     | SACKS CEMENT |
|-----------|----------------------|---------------|--------------|
| 12 1/4"   | 9 5/8" csg           | 270' KB       | 224 CF       |
| 8 3/4"    | 7" csg               | 3360' KB      | 372 CF       |
| 6 1/4"    | 4 1/2" csg liner     | 3201-5699' KB | 434 CF       |
|           | 1 1/4" tbq           | 3115' KB      |              |

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)

|                                    |                 |   |
|------------------------------------|-----------------|---|
| Water - First New Oil Run 10 tanks | Date of test    | Producing Method (flow, pump, gas lift, etc.) |
| Length of Test                     | Tubing Pressure | Casing Pressure                               |
| Actual Prod. During Test           | Oil - Bbls.     | Water - Bbls.                                 |
|                                    |                 | Gas - MCF                                     |
|                                    |                 | Choke Size                                    |

GAS WELL

|                           |       |                                  |               |
|---------------------------|-------|----------------------------------|---------------|
| Actual Prod. Test - MCF/D | 1253  | Testing Method (pilot, back pr.) | Back Pressure |
| Length of Test            | 3 hrs | Tubing Pressure (Shut-in)        | 500           |
| Bdis. Condensate/MMCF     |       | Casing Pressure (Shut-in)        | 516           |
| Gravity of Condensate     |       | Choke Size                       | 3/4"          |