

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OPERATOR	
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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

**RECEIVED**  
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OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Hughes A LS</b>	Well No. <b>3A</b>	Pool Name, Including Formation <b>Blanco Pictured Cliffs</b>	Kind of Lease State, Federal or Fee <b>USA</b> <b>SF</b>	Lease No. <b>078049</b>
Location				
Unit Letter <b>C</b>	: <b>1070</b>	Feet From The <b>North</b>	Line and <b>1806</b>	Feet From The <b>West</b>
Line of Section <b>27</b>	Township <b>28N</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</b>	<b>P.O. Box 4990, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. is gas actually connected? When
	<b>C 27 29N 8W 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

Designate Type of Completion — (X)	Oil Well	Gas Well	XX	New Well	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.v.	XX
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Date Spudded	12-30-78	Date Compl. Ready to Prod.	10-21-85	Total Depth	5944' KB	P.B.T.D.	5926' KB
Elevations (D.F., R.K.B., R.T., G.R., etc.)	6639' KB	Name of Producing Formation	Blanco PC	Top Oil/Gas Pay	3238' KB	Tubing Depth	3249' KB
Perforations	2 JSPF 40', 80 holes	3238-3278' KB					

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8" csg	214' KB	242 CF
8 3/4"	7" csg	3559' KB	309 CF
6 1/4"	4 1/2" csg 1" inner	3415'-5944' KB	435 CF
	1 1/4" tbq	3249' 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)

Date First New Oil Run To 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

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
2460	3 hrs		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	850	883	3/4"