

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 10-01-78
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Tenneco Oil Company E & P WRMD		RECEIVED SEP 06 1985 OIL CON. DIV DIST. 2
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:	Well Name
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate	

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. 3 A	Pool Name, including Formation Blanco-MV	Kind of Lease State, Federal or Fee USA SF	Lease No. 078502
Location				
Unit Letter C	800	Feet From The N	Line and 1650	Feet From The W
Line of Section 13	Township 29N	Range 8W	NMPM. San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

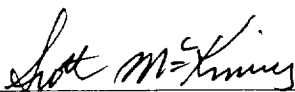
Name of Authorized Transporter of Oil or Condensate X Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas	Address (Give address to 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 C	Sec. 13
	Twp. 29N	Rge 8W
Is gas actually connected? Yes		When

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

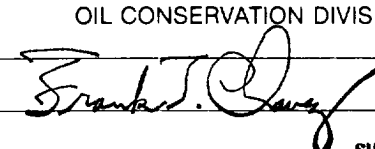
NOTE: Complete Parts IV and V on reverse side if necessary.

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.


(Signature)
Sr. Regulatory Analyst

(Title)
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.	Diff. Res.
Date Spudded		Date Comp. 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	
Actual Prod. During Test		Oil - Bbls		Water - Bbls	
		Gas - MCF			

GAS WELL

Actual Prod. Test - MCF/D		Length of Test		Bois. Condensate/MMCF	
				Gravity of Condensate	
Testing Method (Flow, back off)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
				Choke Size	

Actual Prod. Test - MCF/D		Length of Test		Bois. Condensate/MMCF	
				Gravity of Condensate	
Testing Method (Flow, back off)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	
				Choke Size	