

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
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OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SEP 06 1985

Operator Tenneco Oil Company E & P HRMD	
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 Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate	OIL CON. DIV. DIST. 3 Well Name

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 Hughes A LS	Well No. 5 A	Pool Name, Including Formation Blanco-MV	Kind of Lease State, Federal or Fee USA SF	Lease No. 078049
Location				
Unit Letter I	: 1825	Feet From The S	Line and 790	Feet From The E
Line of Section 28	Township 29N	Range 8W	, NMPM, San Juan 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"/> 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 <input type="checkbox"/> 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 I	Sec. 28	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.

Scott McKinley
(Signature)
Sr. Regulatory Analyst
(Title)
SEP 1 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED *Frank J. Quigg* **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 or 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 Spudded	Name of Producing Formation	Elevations (Df., RKB, RT, GR, etc.)	Designate Type of Completion — (X)					
			Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (Df., RKB, RT, GR, 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

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 - WCF D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method - (not back on)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size