

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
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  
FEB 26 1988  
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 checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hughes LS	Well No. 5A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. SF- 078046
Location Unit Letter <u>E</u> : <u>1745'</u> Feet From The <u>North</u> Line and <u>1085'</u> Feet From The <u>West</u> Line of Section <u>21</u> Township <u>29N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> 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	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 87401					
If well produces oil or liquids, give location of tanks.	Unit <u>E</u>	Sec. <u>21</u>	Twp. <u>29N</u>	Rge. <u>8W</u>	Is gas actually connected? No	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.

Michael D. Gammon (Signature)  
Sr. Administrative Analyst (Title)  
2/25/88 (Date)

OIL CONSERVATION DIVISION  
APPROVED FEB 26 1988  
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.

COMPLETION DATA

Date Type of Completion — (X)		<input checked="" type="checkbox"/> Oil Well	<input checked="" type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input checked="" type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Resv.	<input type="checkbox"/> Diff. Resv.
Produced	Date Compl. Ready to Prod.	Total Depth							
12/87	12/22/87	5750'							
Res (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay							
9' GL	Mesaverde	5279'							
		Depth Casing Shoe							

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/2	9 5/8	263'	177ft 3 CLASS G & ADD
8 3/4	7	3780'	84ft 3 65/35+210ft 3 CL "B"
			Tail W/598ft 3 65/35+88ft 3 CL "B"
			CL "B"

6 1/2 4 1/2 5747' 184ft 3 65/35+83ft 3 CL "B"

ST 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)

First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
of Test	Tubing Pressure	Casing Pressure
Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF

WELL

Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3	3 hrs.	-0-	
Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
winning	N/A	557 PSI	3/4

5502 @ 2 3/8 tubing