

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEI	VED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
	OIL	
TRANSPORTER	GAS	Т
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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

DECEIVED

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Reason(s) for filing (theek proper box) New Well	Operator Tenneco Oil Company E & P WRMD	1985
Name Change in Transporter of Oil Dry Gas Caesinghead Ga	Address P. O. Box 3249, Englewood, CO 80155	SEP 0 6 1985
Recompletion		Other (Please explain)
Recompetion Oii		DIST. 3
The change of ownership give name and address of previous owner. It change of ownership give name and address of previous owner. It DESCRIPTION OF WELL AND LEASE Lass Name Jones LS 2 Blanco—MV Stan, Federal or Fee SF 079938 Location Unit Letter L 1800 Feet From The S Line and 29N Range 8W NNPM, 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 Name of Authorized Transporter of Oil— or Condensate X E1 Paso Natural Gas If well produces on or floulds. Unit Sec. Imp. If sec. If well produces on or floulds. If we produces on or floulds. If we produced on or floulds. If we		
II. DESCRIPTION OF WELL AND LEASE Lease Name Jones LS 2 Blanco—MV Feet From The Line and 920 Feet From The Line and 920 Feet From The Line and Saction Township Township Location Unit Letter L 1800 Feet From The Line and 920 Feet From The Line and Saction Township 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 licuids, give location of lanks. If well produces oil or licuids, give location of lanks. If well produces oil or licuids, give location of lanks. Location Location P. O. Box 4990, Farmington, NM 87499 If well produces oil or licuids, give location of lanks. Location Location P. O. Box 4990, Farmington, NM 87499 If well produces oil or licuids, give location of lanks. Location of lanks. Separative)	Recompletion	Well Name
II. DESCRIPTION OF WELL AND LEASE Jones LS Blanco—MV Blanco—Blanc	Change in Ownership Casinghead Gas	
See		. Box 4990, Farmington, NM 87499
Lease Name Jones LS 2 Blanco—MV Blanco—MV Blanco—MV Blanco—MV Blanco—MV Siste, Federal or Fee SF 079938 Line and 920 Feet From The W Line of Section 35 Township 29N Range 8W NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized "ransporter of Oil or Condensate X Conoco Inc:. Surface Transportation Name of Authorized "ransporter of Casinghead Gas or Dry Gas X E1 Paso Natural Gas If well produces oil or licuids, pive location of tanks. If well produces oil or licuids, let in the production is commission of the Oil Conservation Division have been compiled with halt from any other lease or pool, give commissing order number. NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation Division have been compiled with and that the information given is true and compilete to the best of my knowledge and belief. BY TITLE Supremy Sor DISTRICT #: Supremy division may be filled out completely for allowable on new and recompleted waith fill that only Section I, III. Land or fill deviation nests taken on the well in accordance with RULE 1104. If this is a request for allowable for a newly drilled out completely for allowable on new and recompleted waith fill out only Section I, III. Land of the deviation nests taken on the well in accordance with RULE 1104. If this is a request for allowable or a newly drilled out completely for allowable on new and recompleted waith fill us tonly Section I, III. Land or of the deviation nests taken on the well in accordance with RULE 1104. It hall sections of this form must be filled out completely for allowable on new and recompleted waith fill out only Section I, III. Land of the deviation nests taken on the well in accordance with RULE 1104. It hall sections of this form must be filled out completely for allowable on new and recompleted waith fill out only Section I, III. and or of the deviation nests taken on the wel	I DESCRIPTION OF WELL AND LEASE	
Jones LS 2 Blanco-MV SF 079938 Location Unit Letter L 1800 Feet From The S Line and 920 Feet From The W III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized "ransporter of Oil or Condensate X Conoco Inc.: Surface Transportation Name of Authorized "ransporter of Oil or Condensate X Conoco Inc.: Surface Transportation P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240 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. If well produces oil or liquids, give location of tanks. 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 Intereby 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. BY ITILE Supprisor District #: Supprisor of this form must be filed out completely for allowable on new and recompleted wait Fill out only Section I. II. III. and VI for changes of owner, well name and on number, or transporter or order such name of condition.		illiation 1556
Line of Section 35 Township 29N Range 8W NMPM San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized "ransporter of Oil	Jones LS 2 Blanco-MV	SF 079938
Unit Letter	Location	
Unit Letter	L 1800 S	1 920 Feet From The
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized 'Transporter of Oil or Condensate X Conoco Inc: Surface Transportation P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240 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. It will produces oil or liquids. It is as actually connected? When Yes OIL CONSERVATION DIVISIONSEP, 16 198 APPROVED APPROVED APPROVED Title Supervisor District #: District #: Supervisor District #: Supervisor District #: District #: District #: District #: Supervisor District #:	Unit Letter Feet From The	tille and
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized 'Transporter of Oil or Condensate X Conoco Inc: Surface Transportation P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240 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. It will produces oil or liquids. It is as actually connected? When Yes OIL CONSERVATION DIVISIONSEP, 16 198 APPROVED APPROVED APPROVED Title Supervisor District #: District #: Supervisor District #: Supervisor District #: District #: District #: District #: Supervisor District #:	35 29N	Range 8W NMPM San Juan County
Name of Authorized "ransporter of Oil or Condensate X Conoco Inc: Surface Transportation Name of Authorized "ransporter of Casinghead Gas" or Dry Gas" X E1 Paso Natural Gas If well produces oil or liquids. If well produces oil or liquids. 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. BY TITLE Supervisor District #: Supervisor Distr	Line of Section Township	narge
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. BY TITLE This form is to be fined 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 walls Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transported or other such change of condition.	Name of Authorized "ransporter of Casinghead Gas : or Dry Gas :X El Paso Natural Gas Unit Sec. Twp. Rige. If well produces oil or liquids, give location of tanks.	P. O. Box 4990, Farmington, NM 87499 Is gas actually connected? Yes
TITLE 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 walls. Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transported or other such change of condition.	NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation Division have been compli	OIL CONSERVATION DIVISIONSEP, 19 6 1985
	Sr. Regulatory Analyst	TITLE 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 walls. Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter.
	(Date)	— II
		II askara and a same and a same and a same same

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

a, 6

			· 🖟
sting Method (pilot, back pr.)	Tubing Presssure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
c.nsj blog: Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
VS WELL			
	70,000	Water - Bbls.	Gas - MCF
c ual Prod. During Test	Oil - Bbls.	110	
iseT to ritgine	Fressure	Casing Pressure	Сhoke Size
ate First New Oil Run To Tanks	To Tanks Date of Test Producing Method (Flow, pump, gas lift, etc.)		
SEQUES TEST DATA AND REQUES	A ALLOWABLE OIL WELL	(Test must be after recovery of total volume of lo.	the figure of the same of the sallowable for the silowable for the sile of the sallowable for the sallowable
JZIS JTOH	CASING & TUBING SIZE	T38 HTq30	SACKS CEMENT
EZIS ETOH		D СЕМЕИТІИ С ЯЕСОЯD	SPCKS CEMENT
SUOIS SIZE			Deptih Casing Shoe
Fievations (DF, RKB, RT, GR, etc.) Friorations	TUBING, CASING, A	р семеитіна ресорр	PP.B.T.D. Tubing Depth Depth Casing Shoe
erforations	Date Compt. Ready to Prod. Name of Producing Formation TUBING, CASING, A	TOP OII/Gas Pay	Tubing Depth Depth Casing Shoe