

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

OCT 15 1985

Operator Tenneco Oil Company		OIL CON. DIV.) DIST. 3
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:	Dual to Pictured Cliffs
<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hughes A LS	Well No. 1A	Pool Name, including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee USA SF	Lease No. 078499
Location				
Unit Letter P	: 800	Feet From The South	Line and 975	Feet From The East
Line of Section 33	Township 29N	Range 8W	NMPM. San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

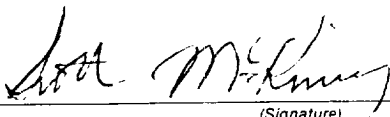
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Surface Transportation	P. O. Box 460, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P. O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. P 33 29N 8W
Is gas actually connected?	When No ASAP

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.



Senior Regulatory Analyst

(Title)

October 10, 1985

(Date)

OIL CONSERVATION DIVISION OCT 15 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	X	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.	X
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Date Spudded	3/27/85	Date Compl. Ready to Prod.	9/26/85	Total Depth	5614' KB	P.B.T.D.	5589' KB	Tubing Depth	2937' KB	Depth Casing Shoe	
Elevations (D.F., RKB, R.T., G.R., etc.)		Name of Producing Formation	Pictured Cliffs	Top Oil/Gas Pay	2875' KB		2937' KB				
Perforations	2 JSPF, 50' 100 holes										
	2875-80', 2888-2918', 2924-28', 2933-44' KB										

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8" csg	218' KB	224 CF
8 3/4"	7" csg	3230' KB	297 CF
6 1/4"	4 1/2" csg liner	3063-5614' KB	430 CF

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	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1622	3 hrs.		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	815	815	3/4"