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TRANSPORTER	OIL	
	GAS	
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**NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-85

I. OPERATOR
 Operator: Tenneco Oil Company
 Address: P.O. Box 3249, Englewood, CO 80155
 Reason(s) for filing (Check proper box):
 New Well Change in Transporter of:
 Recompletion Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate Other (Please explain): Recompletion to Mesaverde
 If change of ownership give name and address of previous owner: _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hamner</u>	Well No. <u>1A</u>	Pool Name, including Formation <u>Blanco Mesaverde</u>	Kind of Lease <u>USA</u> State, Federal or Fee <u>SF</u>	Lease No. <u>082045</u>
Location Unit Letter <u>0</u> ; <u>1190</u> Feet From The <u>South</u> Line and <u>2130</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>29N</u> Range <u>9W</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"/> <u>Conoco, Inc, Surface Transportation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 460, Hobbs, NM 88240</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Southern Union Gathering Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1899, Bloomfield, NM 87413</u>			
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>20</u>	Twp. <u>29N</u>	Rge. <u>9W</u>
	Is gas actually connected? <u>No</u>		When <u>ASAP</u>	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>						<u>X</u>
Date Spudded <u>05/10/82</u>	Date Compl. Ready to Prod. <u>05/22/84</u>		Total Depth <u>6100 KB</u>		P.B.T.D. <u>5560 KB</u>			
Elevations (DF, LKB, RT, GR, etc.) <u>5698' KB</u>	Name of Producing Formation <u>Mesaverde</u>		Top Oil/Gas Pay <u>3847' KB</u>		Tubing Depth <u>4351' KB</u>			
Perforations <u>BOTTOM PERF: 2 JSPF 31' 62 holes-4028-32,4063-69,4179-81,4409-15</u> <u>4433-41,4521-26 TOP PERF: 2 JSPF 39' 78 holes 3847-3886' KB</u>					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>9-5/8" csg</u>		<u>298' KB</u>		<u>175 SX 206 CF</u>			
<u>8-3/4"</u>	<u>7" csg</u>		<u>3500' KB</u>		<u>400 SX 944 CF</u>			
<u>6-1/4"</u>	<u>4-1/2" Liner</u>		<u>3367-6100' KB</u>		<u>400 SX 472 CF</u>			
<u>---</u>	<u>2-3/8" tbq</u>		<u>4351' KB</u>					

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	Choke Size	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	

GAS WELL

Actual Prod. Test - MCF/D <u>1851</u>	Length of Test <u>3 hrs</u>	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-In) <u>575</u>	Casing Pressure (Shut-In) <u>595</u>	Choke Size <u>3/4"</u>

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Scott McKinnis
(Signature)
Senior Regulatory Analyst
6/22/84
(Date)

OIL CONSERVATION COMMISSION

4-9-84
APPROVED JUL 09 1984, 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 Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.