

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRORATION OFFICE	

I. Operator Tenneco Oil Company

Address P. O. Box 3249, Englewood, CO 80155

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input checked="" 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	

Other (Please explain)

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JUL 03 1985
OIL CON. DIV.
DIST. 3

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Hanner</u>	Well No. <u>1A</u>	Pool Name, Including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee <u>USA</u> <u>SF</u>	Lease No. <u>080245</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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco, Inc. Surface Transportation</u>	<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"/>	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas</u>	<u>P. O. Box 4990, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
<u>0</u> <u>20</u> <u>29N</u> <u>9W</u>	<u>NO</u> <u>ASAP</u>

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 McHenry
(Signature)
Senior Regulatory Analyst
(Title)
July 1, 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED JUL - 3 1985
BY [Signature]
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		New Well		Workover		Deepen	
Plug Back		Same Resv.		Diff. Resv.					

Date Spudded		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Perforations
Elevations (D.F., RKB, RT, GR, etc.)					
Date Compl. Ready to Prod.		Total Depth		P.B.T.D.	
				Depth Casing Shoe	

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

GAS WELL

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