

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION  
P.O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
OIL CON. DIV.  
DIST. 3

Operator Tenneco Oil Company	
Address P. O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate
Dual to Fruitland Coal	

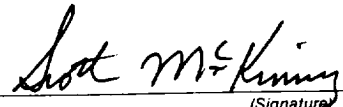
If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Moore	Well No. 3A	Pool Name, Including Formation Undes. Fruitland Coal	Kind of Lease State, Federal or Fee USA SF	Lease No. 078580A
Location				
Unit Letter I	: 1845	Feet From The South	Line and 925	Feet From The East
Line of Section 4	Township 30N	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"/> Conoco Inc. Surface Transportation	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 Co.	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.	Unit I	Sec. 4	Twp. 30N	Rge. 8W	Is gas actually connected? No	When 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)	
11/11/85	
(Date)	

OIL CONSERVATION DIVISION	
APPROVED	JAN 22 1986
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	XX	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.	XX
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8/28/75	11/1/85	5670' KB	P.B.T.D.	5610' KB
Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	3047' KB
6226' GL	Fruitland Coal	2881' KB	Depth Casing Shoe	
Perforations	2881-89', 2918-38', 2986-92', 2997-3001', 3041-52, 3056-66' KB			
1 JSPF 60' 60 holes				
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE		DEPTH SET		
13 3/4"	9 5/8" csg	210' KB	200 SX	SACKS CEMENT
8 3/4"	7" csg	3450' KB	375 SX	
6 1/4"	4 1/2" csg liner	3219-5670' KB	300 SX	
	1 1/4" tbq	3047' KB		

#### 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	Gas - MCF
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.					

#### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	1485	3 hrs	895	1435	3/4"
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	Back Pressure				