

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
OCT 17 1985
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	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 Lawson	Well No. 1A	Pool Name, Including Formation Undes Fruitland Coal	Kind of Lease State, Federal or Fee USA NM	Lease No. 012711
Location Unit Letter E : 1835 Feet From The North Line and 1060 Feet From The West				
Line of Section 10 Township 30N Range 8W , NMPM. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

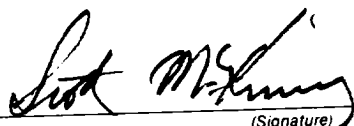
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Conoco Inc. Surface Transportation	P. O. Box 460, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <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 87401	
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 10
	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)

Oct. 14, 1985.

(Date)

OIL CONSERVATION DIVISION

APPROVED

Original Signed by **CHARLES GHOLSON**

BY

DEPUTY OIL & GAS INSPECTOR, DIST. #3

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 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)									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Diff. Res.		

7/4/80	Date Spudded	10/7/85	Date Compl. Ready to Prod.	5630' KB	Total Depth	5554' KB	P.B.T.D.		
6301' GL	Elevations (D.F., RKB, RT, GR, etc.)	Fruitland Coal	Name of Producing Formation	2822' KB	Top Oil/Gas Pay	2947' KB	Tubing Depth		Depth Casing Shoe
1 JSPF 61', 61 holes									
2822-29', 2836-53', 2925-30', 2936-39', 2985-3014' KB									

TUBING, CASING, AND CEMENTING RECORD

12 1/4"	9 5/8" csg	220' KB	200 SX	SACKS CEMENT
8 3/4"	7" csg	3455' KB	450 SX	
6 1/4"	4 1/2" csg liner	3229 - 5628' KB	230 SX	
---	1 1/4" IBG	2947' 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	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	1240	3 hrs	1420	1420	3/4"
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	Back Pressure				