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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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-  
Effective 1-1-65

I. Operator Tenneco Oil Company

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

Reason(s) for filing (Check proper box) Other (Please explain)

New Well ☒ Change in Transporter of:

Recompletion ☐ Oil ☐ Dry Gas ☐

Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Bunce Com</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No <u>NM 489</u>
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Location

Unit Letter C : 990 Feet From The North Line and 1650' Feet From The West

Line of Section 19 Township 29N Range 10W , 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)
<u>Conoco</u>	<u>P.O. Box 460, Hobbs, New Mexico 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 990, Farmington, New Mexico 87401</u>
If well produces oil or liquids, give location of tanks.	Unit <u>C</u> Sec. <u>19</u> Twp. <u>29N</u> Rge. <u>10W</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'
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded <u>9/22/80</u>	Date Compl. Ready to Prod. <u>11/13/80</u>	Total Depth <u>4675'</u>	P.B.T.D. <u>4627'</u>					
Elevations (DF, RKB, RT, GR, etc.) <u>5521' gr.</u>	Name of Producing Formation <u>Mesaverde</u>	Top Oil/Gas Pay <u>3671'</u>	Tubing Depth <u>4312'</u>					
Perforations <u>3761-63', 3796-3800', 3850-56', 3879-82', 4010-17', 4063-65', 4114-17', 4136-38', 4146-48', 4152-60', 4184-86', 4193-94', 4273-75', 4304-05'</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" 36#</u>	<u>273'</u>	<u>300 sx</u>					
<u>8-3/4"</u>	<u>7" 23#</u>	<u>4673'</u>	<u>1st 150 sx 35 sx</u>					
			<u>2nd 380 sx</u>					
	<u>2-3/8"</u>	<u>4312'</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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

Choke Size 3 1/2"

Gas - MCF 0

OIL CON. COM. DIST. 3

GAS WELL

Actual Prod. Test - MCF/D <u>1856</u>	Length of Test <u>3 hrs.</u>	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>825 PSI</u>	Casing Pressure (Shut-in) <u>850 PSI</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.

Curly V. Stitt  
(Signature)  
Assistant Division Administrative Manager  
(Title)  
December 1, 1980  
(Date)

OIL CONSERVATION COMMISSION  
MAY 21 1980  
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 deepen well, this form must be accompanied by a tabulation of the deviate tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells 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 conditions.  
Separate Forms C-104 must be filed for each pool in multiple completed wells.