

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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SEP 04 1987  
OIL CON. DIV  
DIST. 3

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
**Tenneco Oil Company**

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

Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input 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	<b>A C-104 was filed for liquids but did not contain gas transporter</b>

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>City of Farmington Com</b>	Well No. <b>1</b>	Pool Name, Including Formation <b>Basin, Dakota</b>	Kind of Lease State, Federal or Fee <b>FEE</b>	Lease No.
Location				
Unit Letter <b>J</b> : <b>2160</b> Feet From The <b>South</b> Line and <b>1591</b> Feet From The <b>East</b>				
Line of Section <b>10</b> Township <b>29N</b> Range <b>13W</b> , NMPM, <b>San Juan</b> 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)
<b>Conoco, Inc., Surface Transportation</b>	<b>P.O. Box 460, Hobbs, New Mexico 88240</b>
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)
<b>City of Farmington Utility Systems</b>	<b>800 Municipal Drive, Farmington, NM 87401</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>J</b> Sec. <b>10</b> Twp. <b>29N</b> Rge. <b>13W</b>	<b>Yes</b> <b>06/87</b>

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.

*Mike McFriedie*

(Signature)

**Administrative Analyst**

(Title)

**September 1, 1987**

(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

**Original Signed by FRANK T. CHAVEZ**

**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

[illegible]

#### V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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	3495	Length of Test	3 Hours	Bhis. Condensate/MMCF	87	Gravity of Condensate	
Testing Method (pilot, back pr.)	AOF	Tubing Pressure (Shut-in)	1940 PSIG	Casing Pressure (Shut-in)	Packer	Choke Size	3/4"