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| LAND OFFICE | | |
| TRANSPORTER | OIL | |
| | GAS | |
| OPERATOR | | |
| PRODUCTION 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-110
Effective 1-1-65

| | |
|---|---|
| Operator Tenneco Oil Company | |
| Address 1860 Lincoln St., Suite 1200, Denver, Colorado 80203 | |
| Reason(s) for filing (Check proper box) | |
| New Well <input checked="" type="checkbox"/> | Change in Transporter of: |
| Recompletion <input type="checkbox"/> | Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> |
| Change in Ownership <input type="checkbox"/> | Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/> |
| Other (Please explain) | |

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

| | | | |
|-----------------------------------|----------------|---|--|
| II. DESCRIPTION OF WELL AND LEASE | | 30-045-22108 | |
| Lease Name State Com B | Well No. 3A | Pool Name, including Formation Blanco Mesa Verde | Kind of Lease State, Federal or Fee |
| Location | | State State | |
| Unit Letter P | | Lease No. B-11479 | |
| 1190 | | Feet From The South | |
| Line of Section 16 | | Line and 857 | |
| Township 30N | | Feet From The East | |
| Range 9W | | County San Juan | |
| NMPM, | | | |

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| 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) |
| Thriftway | P.O. Box 1367, Farmington, N. M. 87401 |
| 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) |
| Southern Union Gathering Company | P. O. Box 398, Bloomfield, New Mexico 87401 |
| If well produces oil or liquids, give location of tanks. | Unit No |
| | Sec. Near Future |
| | Twp. |
| | Rge. |

If this production is commingled with that from any other lease or pool, give commingling order number: _____

| | |
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| IV. COMPLETION DATA | |
| Designate Type of Completion - (X) | Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> New Well <input checked="" type="checkbox"/> Workover <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Same Res'v. <input type="checkbox"/> Diff. Res'v. <input type="checkbox"/> |
| Date Spudded 7/21/76 | Date Compl. Ready to Prod. 8/12/76 |
| Total Depth 5030' | P.B.T.D. 5225' |
| Elevations (DF, RKB, RT, GR, etc.) 6006' GL | Name of Producing Formation Blanco Mesa Verde |
| Top Oil/Gas Pay 4355' | Tubing Depth 5048' |
| Perforations 15 Holes from 5042' - 4709' and 14 holes from 4546' - 4360' | Depth Casing Shoe |
| TUBING, CASING, AND CEMENTING RECORD | |
| HOLE SIZE | CASING & TUBING SIZE |
| 12-1/4" | 9-5/8" |
| 8-3/4" | 7" |
| 6-1/8" | 4-1/2" |
| | 2-3/8" |
| DEPTH SET | SACKS CEMENT |
| 216' | 200 Sacks |
| 2935' | 450 Sacks |
| 2748' - 5223' | 250 Sacks |
| 5048' | |

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|---|-----------------|---|------------|
| 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 14482 AOF | Length of Test 3 Hours |
| Bble. Condensate/MMCF 0 | Gravity of Condensate 0 |
| Testing Method (pitot, back pr.) Back pressure | Tubing Pressure (Shut-in) 639 |
| Casing Pressure (Shut-in) 639 | Choke Size 3/4" |

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| VI. CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | |
| 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. | | OCT 1976 | |
| (Signature) | | APPROVED | |
| Division General Manager | | Original Signed by A. R. Hendrick | |
| (Title) | | BY | |
| (Date) | | TITLE SUPERVISOR DIST. 25 | |
| | | 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 Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. | |
| | | Separate Forms C-104 must be filed for each pool in multiply completed wells. | |