

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.

STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

(Date)

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

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

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

U.S.G.S.		 				_,	,		-				
LAND OFFICE													
TRANSPORTER	GAS	 	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURADASE GET VE E P WRMD SEP 06 1985 Other (Please explain) Other (Please explain) DIST. 3										
OPERATOR	IGAS	+-	AND										
PRORATION OFFICE		ALITHORIZATION TO TRANSPORT OIL AND NATURAL ASE											
	1		701	11.011			110				15 11 W =		
Operator					····································					411		*	
Tenneco Oil	Comp	any E	& P WRM	N D						SED	,	7	
Address											J6 1985 U		
P. O. Box 3249, Englewood, CO 80155									OIL CON				
Reason(s) for filing (Che	eck proper	box)					-		Other (Please e.	xplain)	IN. DIV		
New Well		Change in	Transporter o	of:	_				1	013	. 3		
Recompletion		Oil				Dry G	as					ļ	
Change in Owners	hip	Casi	inghead Gas		K	Conde	ensate		Well N	ame			
If change of ownership g and address of previous		E	l Paso	Natu	ıral	Gas,	P.O.	Box 4	990, Farm	ington, NM	87499	÷ 1—1 **********************************	
II. DESCRIPTION	OF WE	LL AND	LEASE								112.4		
Lease Name				II No.	1 _		luding Form	nation		Kind of Lease State, Federal or F	USA	Lease No.	
Gartner LS			1	. A	Bla	nco-	-MV				SF	080597	
Location					•								
Unit Letter	<u>C</u>	:_	1170		_ Feet F	rom The	N		Line and	1840	Feet From The		
Line of Section	28		Townshi	in	30 N	I		Range	8W	, NMF	_{M.} San Juan	County	
Ente of Booton				<u></u>									
III. DESIGNATION	OF TE	RANSPOF	RTER OF (OIL AI	ND NA	TURA	L GAS						
Name of Authorized Tran	nsporter of	Oil 🗆 or C	ondensate X					Address (Address (Give address to which approved copy of this form is to be sent)				
Conoco Inc.	Surf	ace Tr	ansport	atio	on				P. O. Box 460, Hobbs, NM 88240				
Name of Authorized Tran	nsporter of	Casinghead	Gas 🗆 or Dr	y Gas 🕽	(Address (Give address to whi	ich approved copy of	this form is to be sent)		
El Paso Nat	ural	Gas						P.	P. O. Box 4990, Farmington, NM 87499				
			Unit	Sec.	Tw	p.	Rge.	Is gas act	ually connected?	Whei	1		
If well produces oil or lic give location of tanks.	quids,		С	28	3	ON	8W		Yes				
If this production is comm	ningled wit	h that from ar	ny other lease o	or pool, g	jive comm	ningling (order numb	er					
NOTE: Complete	Parts I	V and V	on reverse	side	if nece	essary							
VI. CERTIFICATE	OF CO	MPLIAN	CF					II.	,	OIL CONSERV	ATION DIVISIONE	1 0 C 100E	
I hereby certify that the				ervation	Division t	have bee	en complie	d APPRO		$\overline{}$	<u> 36</u>	_^ 0 1303	
with and that the inform								11	Sru	170	4		
Λ			<i>t</i> .								MIPERVI	SOR DISTRICT 器 3	
Sitt	M	1- Kin	· ···					TITLE		n compliance with Di			
		/Sin	neture)					- 11		n compliance with Ri		is form must be accom	
Sr. Regulatory Analyst									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.				
a = G(Title) 4 AOCE									All sections of this form must be filled out completely for allowable on new and recompleted wa				

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Choke Size Casing Pressure (Shut-in) Tubing Pressaure (Shut-in) Testing Method (pilot, back pt.) Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D GAS WELL Gas · MCF Water - Bbls. Oil - Bbis. Actual Prod. During Test Choke Size Casing Pressure Tubing Pressure Length of Test Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks depth or be for full 24 hours) 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 SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE TUBING, CASING, AND CEMENTING RECORD Depth Casing Shoe Perforations Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Q.T.8.9 Total Depth Date Compl. Ready to Prod. Date Spudded Designate Type of Completion — (X) v'.zeA .ftiQ bind gack Deepen Same Res'v. Workover IIeW Well Gas Well IIBW IIO IV. COMPLETION DATA