

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

OIL CONSERVATION DIVISION

P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
JAN 9 1988
OIL CON. DIV.
DIST. 3

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
OPERATOR	GAS	
PRORATION OFFICE		

Operator Tenneco Oil Company	
Address P.O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input 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

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

*SF-078336-B

II. DESCRIPTION OF WELL AND LEASE

Lease Name Barrett	Well No. 9	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. *
Location Unit Letter <u>X</u> <u>2</u> : <u>1840</u> <u>1850</u> Feet From The <u>South</u> Line and <u>855'</u> Feet From The <u>West</u>				
Line of Section <u>20</u> Township <u>31N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> 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	P.O. Box 1429, Bloomfield, NM 87413	
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 Company	P.O. Box 4990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 20
	Twp. 31N	Rge. 9W
	Is gas actually connected?	When
	No	WOPL

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.

David Hiatt (Signature)
Sr. Admin. Analyst (Title)
01/13/88 (Date)

OIL CONSERVATION DIVISION JAN 9 1988

APPROVED _____
BY _____
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 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)													Date Spudded
Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.						
		X											
		X											

Date Spudded	11/10/87	Date Compl. Ready to Prod.	12/14/87	Total Depth	3500'	P.B.T.D.	3454'
Elevations (D.F., R.K.B., R.T., G.R., etc.)	6520' GL	Name of Producing Formation	Pictured Cliffs	Top Oil/Gas Pay	3407'	Tubing Depth	3500'
Perforations	3392' - 3428' W/2 JSPE	TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	8 5/8"	CASING & TUBING SIZE	DEPT. SET	SACKS CEMENT	200sx CLASS B (123ft ³)	120sx (203ft ³) 65/35/6	100sx (123ft ³) CLASS B

	2 3/8"	32#	263'	3489'	2nd stage 617sx (1030ft ³)
	4 1/2"	10.5#	tail	3407'	

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

Actual Prod. Test - MCF/D	2217	Length of Test	3 hours	Bdis. Condensate/MMCF	Gravity of Condensate	Actual Prod. Test - MCF/D	2217
Testing Method (pilot, back pr.)	AOE = 2822	Tubing Pressure (Shut-in)	677 psig	Casing Pressure (Shut-in)	680 psig	Choke Size	3/4"

GAS WELL