

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator **Tenneco Oil Company - ~~WIND~~**

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

Reason(s) for filing (Check proper box):
☐ New Well
☐ Recompletion
☒ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☐ Dry Gas
☒ Condensate

Other (Please explain) Well name **OIL CON. DIV**
DIST. **2**

SEP 06 1985

If change of ownership give name and address of previous owner **El Paso Natural Gas Company, P. O. Box 4990, Farmington, NM 87499**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Flaningham LS	Well No. 1	Pool Name, including Formation Aztec Pictured Cliffs	Kind of Lease State, Federal or Fee State	Lease No. FEE
Location Unit Letter F : 1750 Feet From The North Line and 1650 Feet From The West Line of Section 32 Township 31N Range 11W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit F Sec. 32 Twp. 31N Rge. 11W	Is gas actually connected? Yes When

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.

Scott McKinnis
(Signature)

Sr. Regulatory Analyst

(Title)

SEP 1 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED

SEP 06 1985

BY

Frank J. Dancy

SUPERVISOR DISTRICT

TITLE

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)									
Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Dill. Res'v.		

Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (D.F., RKB, RT, CR, etc.)		Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations		Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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.	
		Gas - MCF		Choke Size	

GAS WELL

Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MCF	
				Gravity of Condensate	
Testing Method (pistol, back pr.)		Tubing Pressure (Start-End)		Casing Pressure (Start-End)	
				Choke Size	