

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SEP 06 1985
OIL CON. DIV
DIST. 3

I. Operator Tenneco Oil Company	
Address P. O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	Well Name

If change of ownership give name
and address of previous owner

El Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name Mudge LS	Well No. 29	Pool Name, Including Formation Blanco-PC	Kind of Lease State, Federal or Fee USA SF	Lease No. 078040
Location				
Unit Letter I	: 1800	Feet From The S	Line and 890	Feet From The E
Line of Section 10	Township 31N	Range 11W	NMPM, San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

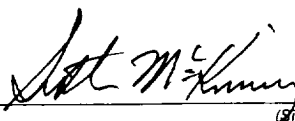
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240								
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	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.	Is gas actually connected?								
<table border="1"><tr><td>Unit</td><td>Sec.</td><td>Twp.</td><td>Range</td></tr><tr><td>I</td><td>10</td><td>31N</td><td>11W</td></tr></table>	Unit	Sec.	Twp.	Range	I	10	31N	11W	Yes
Unit	Sec.	Twp.	Range						
I	10	31N	11W						

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

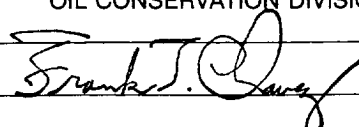
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.



(Signature)
Sr. Regulatory Analyst

(Title)

SEP 1 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED  **SEP 06 1985**
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				Date Compl. Ready to Prod.				Total Depth				P.B.T.D.			
Oil Well																			
Gas Well																			
New Well																			
Workover																			
Deepen																			
Plug Back																			
Same Res'v.																			
Diff. Res'v.																			

Elevations (D.F., RKB, RT, GR, etc.)				Name of Producing Formation				Top Oil/Gas Pay				Tubing Depth				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 Rur 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 WELL

Actual Prod. Test - MCF/D				Length of Test				Bbls. Condensate/MMCF			
Testing Method (pilot, back pr.)				Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			

Gravity of Condensate

Choke Size