

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

RECEIVED
SEP 06 1985
OIL CON. DIV.
DIST. 3

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 Case LS	Well No. 12	Pool Name, Including Formation Blanco-PC	Kind of Lease State, Federal or Fee USA SF	Lease No. 078095
Location Unit Letter M : 845 Feet From The S Line and 850 Feet From The W Line of Section 5 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.	Unit M	Sec. 5	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.


(Signature)

Sr. Regulatory Analyst

(Title)

SEP 1 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

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 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

SEP 06 1985

SUPERVISOR DISTRICT # 3

IV. COMPLETION DATA

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

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

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

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size