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

l							/ **	
Operator Tenneco Oil Company		•				/		s _
Address								7 5
P. O. Box 3249, Englewood, CO 80155								
Reason(s) for filing (Check proper box)					Other (Please ex	plain)	JEP 06 15	085
New Well Change in	n Transporter of:					(IL Cross	
Recompletion Oil		☐ Dry G	as		11-17 4		New York	On,
Change in Ownership	singhead Gas	Conde	ensate		Well N	ame	U/S7 3	· · · ·
If change of ownership give name and address of previous owner	El Paso Nat	tural Gas	, P.O.	Box 4	1990, Farm	ington, N	M 87499	
II. DESCRIPTION OF WELL AND	LEASE							
Lease Name	Well No.	Pool Name, Inc	•			Kind of Lease State, Federal or	Fee USA	Lease No.
Barnes LS	4 A	Blanco	-PC Ex	t.		0.0.0, 0.00,00	SF	078039
Location								
Unit Letter:	1018	Feet From The	N		Line and	1720	Feet From The	·
3.5		2.281			1 11.1		O T	
Line of Section 26	Township	32N		Range	11W	, NM	_{PM,} San Juan	County
Name of Authorized Transporter of Oil or of Conoco Inc. Surface To Name of Authorized Transporter of Casinghead El Paso Natural Gas If well produces oil or liquids, give location of tanks. If this production is commingled with that from a	ransportati Gas or Dry Gas Unit Sec. C 26	Twp.	Rge.	P. Address (P. Is gas ac	O. Box 46	O, Hobbs,	this form is to be sent) ngton, NM 87	499
NOTE: Complete Parts IV and V on reverse side if necessary. VI CERTIFICATE OF COMPLIANCE II OIL CONSERVATION DIVISION.								
VI. CERTIFICATE OF COMPLIAN		n Division have her	neilamos ae	APPRO		/ OONSEN	SFI	P 0.6 ₉ 1985
I hereby certify that the rules and regulations of with and that the information given is true and	d complete to the bes	at of my knowledge	e and belief.	Accom		1777		140100
				BY .	- Drawi		urez /	
1				TITLE			O SUPER	VISOR DISTRICT # 3
Sut Miku	ene s							
(S)	gnature)			11	orm is to be filed in	-		this form must be accom-
Sr. Regulatory Analyst	•						ken on the well in accord	
SEP	Title)1005		<u>_</u>	11				new and recompleted walls.
JEP	। ।िधिर्व				it only Section I, II, II such change of con		es of owner, well name an	d or number, or transporter.
	(Date)			11			pool in multiply complet	ed wells.
				••				

3.75

esting Method (pilot, back pr.)	Tubing Presssure (SI	(ni-tud2) ə	Casing Pressure	(ni-Jud2)	Choke Size
Actual Prod. Test · MCF/D	Length of Test		Bbls. Condensate	(e),WMCF	Gravity of Condensate
AS WELL					
Actual Prod. Dunng Test	.eldB - liO		Water - Bbls.		Gas - MCF
isaT io digna.	enusseng priduT		Casing Pressure		Choke Size
Sate First New Oil Run To Tanks	Date of Test			(Flow, pump, gas lift, etc.)	
TEST DATA AND REQUES	A ISAWO I IA BOT T	I E OII MEI I	depth or be for full	у уч ропи. В цесолеці от готят лотаців от гова с	i and must be equal to or exceed top allowal
			out od tama (301)		
			one od isina 1001)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			5,000		
JZIS JOH		TUBING, CASING, AI		T38 HT930	ZACKS CEMENT
HOFE SIZE				T38 HT930	
		TUBING, CASING, AI		3 RECORD DEPTH SET	SACKS CEMENT
enorations		sing Formation TUBING, CASING, AI) CEMENTING	3 RECORD DEPTH SET	Depth Casing Shoe

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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 GA

PRORATION OFFICE	AUTHORE	ZATION TO	A TRANSI	ORT OIL AND NATUR	RAL GAS _		
1.							
Operator					IN SUBT	W P -	
Tenneco Oil Company 📻					<u> </u>	WE IN	
Address P. O. Box 3249, Englew	ood, CO 81	0155			SEP 0 6 198		
Reason(s) for filing (Check proper box)				Other (Please ex	plain)	3	
New Well Change in	Fransporter of:					111.	
Recompletion Oil		Dry 0	Gas		Digy of	" કહેઈ	
Change in Ownership Casin	ghead Gas	Cond	tensate	Well N	ame		
If change of ownership give name and address of previous owner	l Paso Nati	ural Gas	s, P.O.	Box 4990, Farm	ington, NM 87499		
II. DESCRIPTION OF WELL AND L							
Lease Name	Well No.	Pool Name, In	•	ation	Kind of Lease State, Federal or Fee	Lease No.	
Barnes LS	4 A	Blanco	MV		SF	078039	
Location							
Unit Letter::	1018	_ Feet From The	•N	Line and	1720 Feet From The W		
Line of Section 26	Township	32N		Range 11W	, NMPM, San Juan	County	
III. DESIGNATION OF TRANSPOR		ND NATURA	AL GAS				
Name of Authorized Transporter of Oil C or Co	• •			Address (Give address to which	th approved copy of this form is to be sent)		
Conoco Inc. Surface Tra					O, Hobbs, NM 88240 th approved copy of this form is to be sent)		
Name of Authorized Transporter of Casinghead G	as _ or Dry Gas)	Κ					
El Paso Natural Gas	Unit Sec.	Twp.	Rge.	P. O. Box 49 is gas actually connected?	90, Farmington, NM 8749	9	
If well produces oil or liquids.	C 26	32N	11W	Yes	l l		
give location of tanks. If this production is commingled with that from any	4						
,							
NOTE: Complete Parts IV and V of	n reverse side i	t necessary	y.				
VI. CERTIFICATE OF COMPLIANCE	: =			11 6	DIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of t		Nivision have be	en complied	APPROVED	SFP	<u>0,6_1985</u>	
with and that the information given is true and o				BY Srum	179/		
4	,				CHIPE DUIS	no nietoiet = 1	
Sout mckinning			TITLE SUPERVISOR DISTRICT # 1				
				li .	compliance with RULE 1104.	o form must be seen	
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.			
· ·	tle)			[]	ust be filled out completely for allowable on new		
<u> </u>	1995			or other such change of con	 and VI for changes of owner, well name and or edition. 	number, or transporter	
(D	ate)			Separate Forms C-104 mu	ist be filed for each pool in multiply completed	wells.	

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

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Choke Size Casing Pressure (Shut-in) Tubing Presssure (Shut-in) Testing Method (pilot, back pt.) Actual Prod. Test - MCF/D Gravity of Condensate Length of Test Bbls. Condensate/MMCF GAS WELL Gas · MCF Water - Bbls. Oil · Bbls. Actual Prod. During Test Casing Pressure anussarq pridut teat to digned Choke Size Producing Method (Flow. pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL SACKS CEMENT DEPTH SET CASING & TUBING SIZE **3ZIS 3TOH** TUBING, CASING, AND CEMENTING RECORD Depth Casing Shoe Pertorations Tubing Depth Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RKB, RT, GR, etc.) Date Compl. Ready to Prod. .O.T.B.9 Total Depth Date Spudded Designate Type of Completion — (X) Deepen v'.zeR HiQ Same Res'v. Plug Back Workover New Well Gas Welf II9W IIO IV. COMPLETION DATA

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