

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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OIL CON. DIV.
DIST. 3

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SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator Tenneco Oil Company	
Address P.O. Box 3249, Englewood, Colorado 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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Riddle C	Well No. 6	Pool Name, Including Formation Blanco, Pictured Cliffs	Kind of Lease State, Federal or Fee FED	Lease No. SF-078319-A
Location Unit Letter <u>K</u> : <u>1535</u> Feet From The <u>South</u> Line and <u>2015</u> Feet From The <u>West</u> Line of Section <u>29</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 or Condensate <input checked="" type="checkbox"/> Giant Refining	Address (Give address to which approved copy of this form is to be sent) P.O. Box 256, Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas 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 990, Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit <u>K</u>	Sec. <u>29</u>	Twp. <u>31N</u>	Rge. <u>9W</u>	Is gas actually connected? <u>No</u>	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. Administrative Analyst
(Title)

09/11/87
(Date)

OIL CONSERVATION DIVISION

APPROVED 10-15, 1987

BY Original Signed by FRANK T. CHAVEZ

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.

[illegible]

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

Actual Prod. Test - MCF/D	436 3788	3 Hours	Bbls. Condensate/MMCF	N/A	Gravity of Condensate
Testing Method (Pilot, back pr.)	Absolute Open Flow	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
		N/A	691		
Length of Test	3 Hours	Bbls. Condensate/MMCF	N/A	Gravity of Condensate	