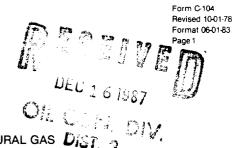
STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

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SANTA FE	I	T	
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U.S.G.:5.		T	
LAND OFFICE			
TRANSPORTER	OIL	T	
	GAS	7	
OPERATOR		7	
PRORATION OFFICE		7	

OIL CONSERVATION DIVISION P.O. BOX 2088

SANTA FE, NEW MEXICO 87501



Separate Forms C-104 must be filed for each pool in multiply completed wells.

REQUEST FOR ALLOWABLE AND

PROPATION OFFICE AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS DIST. 3		
l.			
Operator			
Tenneco Oil Company			
P.O. Box 3249, Englewood, CO 80155			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:			
Recompletion Oil Dry Gas			
Change in Ownership Casinghead Gas Condensate			
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including Form	nation Kind of Lease State. Federal or Fee		
Davis 1 Blanco Pictu			
Location			
Unit Letter E : 1570 Feet From The No	orth Line and 900 Feet From The West		
Line of Section 23 Township 32N	Range 11W NMPM San Juan county		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Name of Authorized Transporter of Dil or Condensate X	Address (Give address to which approved copy of this form is to be sent)		
Conoco	P.O. Box 460, Hobbs, NM 88240		
CONOCO P.O. Box 460, Hobbs, NM 88240 Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent)			
El Paso Natural Gas Company	P.O. Box 4990, Farmington, NM 87401		
Unit Sec. Twp. Rge.	Is gas actually connected? When		
If well produces oil or liquids, give kication of tanks.	No WOPL		
If this production is commingled with that from any other lease or pool, give commingling order number	er		
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
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	BY Original Signed by FRANK I. CHAVEZ		
(111.	TITLE SUPERVISOR DISTRICT TO THE		
Hatt	This form is to be filed in compliance with RULE 1104.		
David Hiatt (Signature)	If this is a request for allowable for a newly drilled or deepened well, this form must be accom-		
Sr. Administrative Analyst	panied 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 walls.		
(Title)	Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter,		
12/9/87 (Date)	or other such change of condition.		
	11 Fenerate Forms C 104 must be filed for each pool in multiply completed walls		

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

., t √€	391 PSIG	384 PSIG	A0F = 2113
Choke Size	Casing Pressure (Shut-in)	Tubing Presssure (Shut-in)	Testing Method (pilot, back pr.)
		sanod &	9811
Gravity of Condensate	Bbls. Condensate/MMCF	Length of Test	Actual Prod. Test - MCF/D
			GAS WELL
Gas - MCF	Water - Bbis.	.elbls.	Actual Prod. Dunng Test
Стоке Зіге	Pressure	Tubing Pressure	Length of Test
	depth or be for full 24 hours) Producing Method (Flow, pump, gas lift, etc.)	Date of Test	Date First New Oil Run To Tanks
oil and must be equal to or exceed top allowable for th	Deol to emuloy letot to secovery of total volume of total	I I I I I I I I I I I I I I I I I I I	V. TEST DATA AND REQUEST FO
	500	1-/11	
1505x (177ft3)	[ist	,	
750sx (1275ft3)	32321	#9°LL "₹₽	"8/ <i>L L</i>
200sx (236ft ³)	785	8 2/8 # 35 #	12 1 "
SACKS CEMENT	T38 HT930	HOFE SIZE CASING & TUBING SIZE	
	CEMENTING RECORD	TUBING, CASING, AND	
Depth Casing Shoe		1118-89	4 JSPF at 1500'
1008 16HB	1115 - 13905	Blanco Pictured Cliffs	6319° GR
Tubing Depth	Top Oil/Gas Pay	Name of Producing Formation	Elevations (DF, RKB, RT, GR, etc.)
58/E 1881E	3232	78/5/21	10/26/87
	Total Depth	Date Compl. Ready to Prod.	Date Spudded
.G.1.8.9			
Plug Back Same Res'v. Diff. Res.'v	Morkover Deepen	Oil Well Gas Well X	Designate Type of Completion -