

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
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DEC 16 1987
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Davis	Well No. 1	Pool Name, Including Formation Blanco Pictured Cliffs	Kind of Lease State, Federal or Fee FEE	Lease No.
Location				
Unit Letter E : 1570 Feet From The North 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 Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco	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 Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4990, Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit E	Sec. 23	Twp. 32N	Rge. 11W
	Is gas actually connected? No		When WOPL	

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.


David Hiatt (Signature)
Sr. Administrative Analyst (Title)

12/9/87

(Date)

OIL CONSERVATION DIVISION

APPROVED **JAN 21 1988**
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.

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	10/26/87								
Date Compl. Ready to Prod.		12/3/87							
Total Depth		3232'							
P.B.T.D.		3188' 3/85							
Tubing Depth		3019' 3029							
Depth Casing Shoe		3232'							

Performations		4 JSPP at 1500'							
Elevations (D.F., RKB, RT, GR, etc.)		6319' GR							
Name of Producing Formation		Blanco Pictured Cliffs							
Top Oil/Gas Pay		3062' - 3111'							
HOLE SIZE		12 3/4" 8 5/8" 32# 4 1/2" 11.6# 3232' 282'							
CASING & TUBING SIZE		DEPTH SET							
SACKS CEMENT		2005X (236ft ³) 7505X (1275ft ³) 1505X (177ft ³)							

TUBING, CASING, AND CEMENTING RECORD

Date First New Oil Run To Tanks									
Length of Test									
Tubing Pressure									
Casing Pressure									
Choke Size									
Producing Method (Flow, pump, gas lift, etc.)									

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)

Actual Prod. During Test									
Oil - Bbls.									
Water - Bbls.									
Gas - MCF									

GAS WELL

Actual Prod. Test - MCF/D		1186							
Length of Test		3 hours							
Bbls. Condensate/MMCF									
Gravity of Condensate									
Testing Method (pilot, back pr.)									
AOF = 2113									
Tubing Pressure (Shut-in)		384 PSIG							
Casing Pressure (Shut-in)		391 PSIG							
Choke Size		3/4"							