

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P.O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

RECEIVED  
AUG 31 1987  
OIL CON. DIV.  
DIST. 3

I. Operator  
**Tenneco Oil Company**

Address  
**P.O. Box 3249, Englewood, Colorado 80155**

Reason(s) for filing (Check proper box):  
☒ New Well  
☐ Recompletion  
☐ Change in Ownership  
 Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate  
 Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Fields</b>	Well No. <b>14</b>	Pool Name, Including Formation <b>Blanco, Pictured Cliffs</b>	Kind of Lease State, Federal or Fee <b>FED</b>	Lease No. <b>NM-010989</b>
Location Unit Letter <b>EF</b> : <del>1300</del> <b>1450</b> Feet From The <b>North</b> Line and <del>1400</del> <b>1450</b> Feet From The <b>West</b>				
Line of Section <b>25</b>	Township <b>32N</b>	Range <b>11W</b>	NMPM, <b>San Juan</b> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> <b>Giant Refining</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 256, Farmington New Mexico 87401</b>	
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 990, Farmington, New Mexico 87401</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>C</b>	Sec. <b>25</b>
	Twp. <b>32N</b>	Rge. <b>11W</b>
	Is gas actually connected? <b>No</b>	

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.

*Mike McRedie*

(Signature)

Administrative Analyst

(Title)

August 26, 1987

(Date)

OIL CONSERVATION DIVISION

APPROVED 10-15, 19 87

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 Resv.	Diff. Resv.		

Date Spudded 07/07/87	Date Compl. Ready to Prod. 07/19/87	Total Depth 3276'	P.B.T.D.	3150'
Elevations (D.F., R.K.B., R.T., G.R., etc.) 6232' GL	Name of Producing Formation Blanco, Pictured Cliffs	Top Oil/Gas Pay	Tubing Depth N/A	Perforations 3232
3179-3200', 3220-3230' - 62 holes, 3041-3048', 3057-3078' - 59 holes				
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	

8 3/4"	7"	241'	89 ft <sup>3</sup> Class B w/additives	644 ft <sup>3</sup> 65/35 w/additives	105 ft <sup>3</sup> Class H w/additives	Cement top @ 200' per temp survey
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# 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
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## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1304	3 Hours			1304	3 Hours		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
AOF	N/A	463 PSIG	3/4"	AOF	N/A	463 PSIG	3/4"