

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Tenneco Oil Company

Address  
P.O. Box 3249 Englewood, CO 80155

Reason(s) for filing (Check proper box)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)

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JAN 21 1988  
OIL CON. DIV  
DIST. 2

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Riddle C Com	Well No. 8	Pool Name, Including Formation Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078319A
Location				
Unit Letter <u>AB</u> : <u>1135</u> Feet From The <u>north</u> Line and <u>1850</u> Feet From The <u>east</u>				
Line of Section <u>29</u> Township <u>31 north</u> Range <u>9 west</u> NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
EI Paso Natural Gas	P.O. Box 4990 Farmington, NM	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	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.

3-17-88

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.

*Steve Foster*

(Signature)

Sr. Administrative Analyst

(Title)

January 12, 1988

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

Original Signed by FRANK T. CHAVEZ

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.

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#### IV. COMPLETION DATA

Designate Type of Completion — (X)		Oil Well	Gas Well X	New Well	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.v
Date Spudded 11/19/87	Date Compl. Ready to Prod. 12/21/87		Total Depth 3237'			P.B.T.D. 3175'			
Elevations (DF, RKB, RT, GR, etc.) 6260' GL	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 3076'			Tubing Depth 3100'			
Perforations 3076-3082    3092-3126						Depth Casing Shoe 3237'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT			
12-1/4	8-5/8		270'			200sx Class B			
7-7/8	4-1/2		3237'			570sx + 170sx Class B			
	2-3/8		3100'						
			2						

#### 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)

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

#### GAS WELL

Actual Prod. Test - MCF/D 4242	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 677 PSIG	Casing Pressure (Shut-in) 679 PSIG	Choke Size 3/4"