

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	NAT
OPERATOR	
PRODUCTION OFFICE	

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Tenneco Oil Company - ~~WPMO~~

Address
P. O. Box 3249, Englewood, CO 80155

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	☐ Dry Gas
☐ Recompletion	☐ Oil	☒ Condensate
☒ Change in Ownership	☐ Casinghead Gas	

Other (Please explain)
Well name

SEP 06 1985
OIL CON. DIV.
DIST. 3

If change of ownership give name and address of previous owner: El Paso Natural Gas Company, P. O. Box 4990, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name Horton LS	Well No. 4	Pool Name, including Formation Blanco Pictured Cliffs Ext.	Kind of Lease State, Federal or Fee State	Lease No. FEE
Location				
Unit Letter E	1550	Feet From The North	Line and 900	Feet From The West
Line of Section 29	Township 32N	Range 11W	, NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Conoco Inc. Surface Transportation	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 ☐ or Dry Gas ☒ 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 87499
If well produces oil or liquids, give location of tanks.	Unit : Sec. : Twp. : Rge. : E : 29 : 32N : 11W
Is gas actually connected? When	Yes

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.

Scott McElmery
(Signature)

Sr. Regulatory Analyst

(Title)

SEP 1 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED

SEP 06 1985

BY

Frank J. Davis

SUPERVISOR DISTRICT # 3

TITLE

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 Sections I, II, III, and VI for changes of owner, well name 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	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (D.F., RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Performances			

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MXCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shot-In)	Casing Pressure (Shot-In)	Choke Size