

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
OPERATOR	GAS	
PRORATION OFFICE		

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

RECEIVED
JAN 10 1986
OIL CON. DIV.
DIST. 3
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**

Address **P. O. Box 3249, Englewood, CO 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 Bolack C LS	Well No. 12A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee USA SF	Lease No. 079232
Location				
Unit Letter J	: 1830'	Feet From The South	Line and 2350	Feet From The East
Line of Section 29	Township 27N	Range 8W	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"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Surface Transportation	P. O. Box 460, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
E1 Paso Natural Gas	P. O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit J Sec. 29 Twp. 27N Rge. 8W	No ASAP

If this production is commingling 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.


(Signature)

Senior Regulatory Analyst

(Title)

1/6/86

(Date)

OIL CONSERVATION DIVISION **JAN 22 1986**

APPROVED

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	10/28/85	Date Compl. Ready to Prod	12/30/85	Total Depth	5450' KB	P.B.T.D.	5398' KB
Elevations (D.F., AKB, RT, GR, etc.)	6770' GL	Name of Producing Formation	Mesaverde	Top Oil/Gas Pay	5038' KB	Tubing Depth	5320' KB
Perforations	1 JSPF 83' 83 holes	5038-44', 5064-94', 5100-20', 5150-69', 5324-26', 5338-42', 5447' KB					
Depth Casing Shoe							

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8" csg	288' KB	250 sx, 295 CF
8 3/4"	7" csg	3340' KB	582 sx, 1004 CF
6 1/4"	4 1/2" csg liner	3185-5447' KB	320 sx, 520 CF
	2 3/8" tbg	5320' KB	

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	1566	Length of Test	3 hrs	Bbls. Condensate/MMCF	Grav. of Condensate
Testing Method (pilot, back pr.)	Back Pressure	Tubing Pressure (Shut-in)	935	Casing Pressure (Shut-in)	940
					Choke Size
					3/4"