## 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 Page 1

REQUEST FOR ALLOWABLE AND DECEIVED

PROPATION OFFICE	AUT	THORIZ	ATION TO	TRANSI	PORT OIL AND NATI	JRAL GAR	- 0 4 1005	ש
Operator Tenneco Oil Company	C D HAM	<b>(*)</b>					° 0 6 1935 CON. DIV	<i>J</i>
Address P. O. Box 3249, Englew	lood, CO	80:	155				DIST. 3	r <i>'</i>
Reason(s) for filing (Check proper box)					Other (Please			
New Well Change in	n Transporter o	of:						
Recompletion Oil			Dry G	as				
X Change in Ownership Cas	singhead Gas		Conde	ensate	Well !	lame		
If change of ownership give name Eand address of previous owner	l Paso	Natur	ral Gas,	P.O.	Box 4990, Far	nington, NM 87	7499	
I. DESCRIPTION OF WELL AND								
Lease Name	We	li No.	Pool Name, Inc	-		Kind of Lease State, Federal or Fee	USA SF	Lease No. 078566
Storey LS		4	So. Bla	nco-P				078300
Location	900			RJ.		1650	Ε	
Unit Letter :	900		Feet From The		Line and	F6	eet From The	
Line of Section 34	Townsh	ip	28N		Range 8W	, NMPM,	San Juan	County
Conoco Inc. Surface Tr Name of Authorized Transporter of Casinghead El Paso Natural Gas			1		P. O. Box 4	50, Hobbs, NM hich approved copy of this fo 990, Farmingto	orm is to be sent)	)9
	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When		İ
If well produces oil or liquids, give location of tanks.	В	34	28N	8W	Yes			
if this production is commingled with that from a NOTE: Complete Parts IV and V					r			
VI. CERTIFICATE OF COMPLIAN	ICE					OIL CONSERVATION	(1)	
I hereby certify that the rules and regulations of with and that the information given is true an	of the Oil Consi d complete to t	ervation D the best o	livision have bee If my knowledge	en complied and belief.	BY	Frank J. C	ave SE	P 016 1985
Short M- Kinn	4				TITLE:	in compliance with RULE 1		PERVISOR DISTRICT
Br. Regulatory Analyst	ignature)				If this is a request for panied by a tabulation of	allowable for a newly drilled the deviation tests taken or	for deepened well, the the well in accordan	ice with RULE 111.
	(Title)	or:			H	nmust be filled out complete I, III, and VI for changes of ocondition.		
	D 1 19	750			II	must be filed for each pool	in multiply completed	wells.

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

Choke Size Casing Pressure (Shut-in) Tubing Pressaure (Shut-in) Testing Method (pilot, back pr.) Gravity of Condensate Bbls. Condensate/MMCF Length of Test Actual Prod. Test - MCF/D GAS WELL Gas - MCF Water - Bbls. Oil - Bbls. Actual Prod. During Test Tubing Pressure Choke Size Gasing Pressure teaT to ritgned Producing Method (Flow, pump, gas lift, etc.) Date of Test Date First New Oil Run To Tanks (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL SACKS CEMENT TBS HT930 CASING & TUBING SIZE HOLE SIZE TUBING, CASING, AND CEMENTING RECORD Depth Casing Shoe rudeQ gniduT Top Oil/Gas Pay Name of Producing Formation Elevations (DF, RK8, RT, GR, etc.) .Q.T.8.9 Total Depth Date Compl. Ready to Prod. Date Spudded Designate Type of Completion — (X) Plug Back IIeW Well Gas Well IIeW IIO IV. COMPLETION DATA

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Sr. Regulatory Analyst

(Title)

SE (Pate) 1 1993

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

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

REQUEST FOR ALLOWABLE AND RECEIVE

If this is a request for allowable for a newly drilled or deepened well, this form must be accom-

Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporter,

panied 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 walls.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

other such change of condition

AUTHORIZATION TO TRANSPORT OIL AND NATURAL SEP 0 6 1985 Operator Tenneco Oil Company OIL C SEP U 6 1985 P. O. Box 3249, Englewood, CO Reason(s) for filing (Check proper box) Other (Please explain) OIL CON. DIV. New Well Change in Transporter of: DIST. 3 \_\_\_\_ Dry Gas \_\_ Oii Condensate Well Name Casinghead Gas Change in Ownership El Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499 If change of ownership give name and address of previous owner \_ II. DESCRIPTION OF WELL AND LEASE Pool Name, Including Formation Kind of Lease State, Federal or Fee TISA Lease No Storey LS 4 Blanco-MV SF 078566 Location 900 1650 Unit Letter Feet From The 34 28N 8M NMPM, San Juan Line of Section Township Range III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil 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 ☐ or Dry Gas 🕱 Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas P. O. Box 4990, Farmington, NM 87499 Sec Is gas actually connected? if well produces oil or liquids, 34 В 28N 8M Yes give location of tanks. 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 OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied **APPROVED** with and that the information given is true and complete to the best of my knowledge and belief. BY SUPERVISOR DISTRICT # 5 TITLE This form is to be filed in compliance with RULE 1104.

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

Testing Method (pilot, back pr.) Osising Pressure (Shut-in) (ni-fund) enesseng gniduT Choke Size Actual Prod. Test - MCF/D Length of Test Gravity of Condensate Bbls. Condensate/MMCF GAS WELL Actual Prod. During Test Gas - MCF .eldB - 191s.W Oil · Bbls. Choke Size Casing Pressure Fressure Pressure teaT to ritgnal Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL CASING & TUBING SIZE **HOLE SIZE** DEPTH SET SACKS CEMENT TUBING, CASING, AND CEMENTING RECORD Perforations Depth Casing Shoe Tubing Depth Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Name of Producing Formation Total Depth Date Compl. Ready to Prod. .O.T.8.9 Designate Type of Completion — (X)ыла вэск New Well Gas Well IIeW IIO IV. COMPLETION DATA