

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

**RECEIVED**

SEP 06 1985

OIL CON. DIV  
DIST. 3

I. Operator  
**Tenneco Oil Company**

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

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

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Warren LS</b>	Well No. <b>3</b>	Pool Name, Including Formation <b>Blanco-MV</b>	Kind of Lease State Federal or Fee <b>USA SF</b>	Lease No. <b>077123</b>
Location				
Unit Letter <b>L</b>	: <b>1550</b>	Feet From The <b>S</b>	Line and <b>1090</b>	Feet From The <b>W</b>
Line of Section <b>13</b>	Township <b>28N</b>	Range <b>9W</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>Conoco Inc. Surface Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 460, Hobbs, NM 88240</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 4990, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks.	Unit   Sec   Twp   Rge   Is gas actually connected?   When
	L   13   28N   9W   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.

OIL CONSERVATION DIVISION

APPROVED **SEP 06 1985**  
BY **Frank J. Dwyer**  
TITLE **SUPERVISOR DISTRICT #3**

**Scott McKinney**  
(Signature)

Sr. Regulatory Analyst  
(Title)

**SEP 1 1985**  
(Date)

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 V 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.	Diff. Res.
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Date Spudded	Date Done	Ready to Prod.	Total Depth	P.B.T.D.
Elevations - (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Pay	Tubing Depth	Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Test must be either recovery of total volume of liquid or volume of liquid and must be equal to or exceed 100% of the volume of liquid produced or be for 24 hours production method flow pump gas, etc.

Date First Test	Date of Test	Length of Test	Actual Prod. During Test
Water, Gas	Water, Gas	Water, Gas	Water, Gas
Actual Prod. Test - MCF/D	Length of Test	Base Condensate MMCF	Gravity of Condensate
Testing Method - (See Page 601)	Test Pressure - (PSI)	Casing Pressure - (PSI)	Choke Size