

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
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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
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
FEB 10 1986
OIL CON. DIV.
DIST. 3

I. Operator Tenneco Oil Company

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)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Lackey B LS</u>	Well No. <u>12A</u>	Pool Name, Including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee <u>USA</u> <u>SF</u>	Lease No. <u>077106</u>
Location				
Unit Letter <u>N</u>	: <u>1030</u>	Feet From The <u>South</u>	Line and <u>1985</u>	Feet From The <u>West</u>
Line of Section <u>21</u>	Township <u>28N</u>	Range <u>9W</u>	, NMPM, <u>San Juan</u> County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	Address (Give address to which approved copy of this form is to be sent)
<u>Conoco Inc. Surface Transportation</u>	<u>P. O. Box 460, Hobbs, NM 88240</u>
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
<u>El Paso Natural Gas</u>	<u>P. O. Box 4990, Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected?
Unit <u>N</u> Sec. <u>21</u> Twp. <u>28N</u> Rge. <u>9W</u>	<u>No</u> When <u>ASAP</u>

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.

Ann Sullivan
(Signature)

Administrative Operations
(Title)

February 5, 1986
(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.

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.	
12-10-85	1-26-86	5375' KB	5229' KB	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Depth Casing Shoe
6354' GL	Mesaverde	4467' KB	5086' KB	5372' KB
See Below				

TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4	9-5/8" csg	301' KB	210SX (248CF)	
8-3/4	7" csg	3780' KB	535SX (886CF)	
6-1/4	4-1/2" inner csg	5372' KB	315SX (481CF)	
--	2-3/8" tbg	5086' 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.)		
			Casing Pressure	Water - Bbls.
			Choke Size	Gas - MCF

GAS WELL				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
2545 mcf	3 hrs			
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Back Pressure	735 psi	PKR	3/4	

PERFORATIONS

2 JSPF 40', 80 holes	4467-70'	4552-56'	4626-30'
4477-82'	4586-90'	4650-52'	4658-60'
4512-14'	4603-06'	4665-70' KB	
4518-20'	4618-22'		
2 JSPF 44', 88 holes	4852-55'	4935-39'	4889-91'
	4906-12'	4959'	4915-18'
	4923-27'	5000-02'	4930-32'
	5006-08'		
		5010-13'	5067-69'
		5072-74'	5096-98'
		5104-06' KB	