

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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TRANSPORTER	OIL		
	GAS		
OPERATOR			
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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 - E & P WRMD

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

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas	Well Name
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input checked="" type="checkbox"/> Condensate	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas		

Other (Please explain)

If change of ownership give name and address of previous owner **El Paso Natural Gas, P.O. Box 4990, Farmington, NM 87199**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Vanderwart A LS	Well No. 5	Pool Name, including Formation Blanco-MV	Kind of Lease State, Federal or Fee USA SF	Lease No. 078502
Location				
Unit Letter H	1650	Feet From The N	Line and 990	Feet From The E
Line of Section 14	Township 29N	Range 8W	NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> El Paso Natural Gas	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. Is gas actually connected? When
	H 14 29N 8W 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 McHenry
(Signature)

Sr. Regulatory Analyst

(Title)

SEP 1 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED **SEP 06 1985**
BY *Frank J. Dwyer*
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)	<input type="checkbox"/>	Oil Well	<input type="checkbox"/>	Gas Well	<input type="checkbox"/>	New Well	<input type="checkbox"/>	Workover	<input type="checkbox"/>	Deepen	<input type="checkbox"/>	Plug Back	<input type="checkbox"/>	Same Resv.	<input type="checkbox"/>	Diff. Resv.	<input type="checkbox"/>
	Date Spudded																

Date Compl. 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																
Perforations																
Depth Casing Shoe																

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 total volume of total 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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (not back off)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size