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TRANSPORTER	OIL	
	GAS	/
OPERATOR		Z
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
 Supersedes Old C-104 and C-105
 Effective 1-1-65

API 30-045-23295

I. OPERATOR

Operator
 Tenneco Oil Company

Address
 720 So. Colorado Blvd., Denver, Colorado 80222

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	
		Dry Gas	<input type="checkbox"/>	
		Condensate	<input type="checkbox"/>	

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

II. DESCRIPTION OF WELL AND LEASE

* USA SE 080776

Lease Name Mansfield	Well No. A-1	Pool Name, including Formation Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. *
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Location
 Unit Letter L ; 1460 Feet From The South Line and 1110' Feet From The West

Line of Section 25 Township 30-N Range 10-W , NMPM, 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)
Plateau, Inc.	Box 108, Farmington, New Mexico 87401
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)
El Paso Natural Gas	Box 990, Farmington, New Mexico 87401

If well produces oil or liquids, give location of tanks.	Unit L	Sec. 25	Twp. 30-N	Rge. 10-W	Is gas actually connected? No	When ASAP
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If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Diff. Restv.
		X	X					

Date Spudded 3/6/79	Date Compl. Ready to Prod. 3/22/79	Total Depth 7200'	P.B.T.D. 7132'
Elevations (DF, RKB, RT, GR, etc.) 6062' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6992'	Tubing Depth 7009'
Perforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

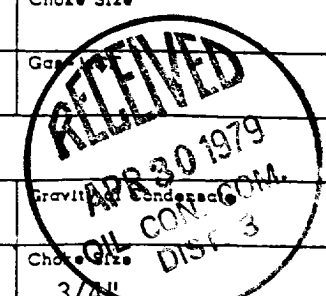
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13 3/4"	9 5/8"	233'	375
8 3/4"	7"	3531'	450
	2 3/8"	7009'	

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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - Bbls.

GAS WELL

Actual Prod. Test-MCF/D 7939	Length of Test 3 hr.	Bbls. Condensate/MMCF	Provit. Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1986	Casing Pressure (Shut-in) 1992	Choke Size 3/4"



VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Carly Hatten
 (Signature)
 Administrative Supervisor
 (Title)
 4/26/79
 (Date)

OIL CONSERVATION COMMISSION

APPROVED APR 30 1979, 19____

BY Original Signed by A. R. Kendrick

TITLE SUPERVISOR DIST. #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 deviate 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 Sections I, II, III, and VI for changes of owner well name or number, or transporter, or other such change of condition.

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