STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.			
LAND OFFICE			
	OIL		
TRANSPORTER	GAS		
OPERATOR			
PRORATION OFFICE			

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 AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PRORATION OFFICE	AUT	THORIZ	ATION TO	TRANSF	PORT OIL AND NATUR	RAL GAS		
Operator Tenneco Oil Company	T-Wikin					(D) E	i n P	
P. O. Box 3249, Englewo	od, CO	80	155			M	P 06 1985	E M
Reason(s) for filing (Check proper box)					Other (Please ex	plain) S	FP N 6 100	$\mathcal{H}_{\mathcal{F}}$
New Well Change in T	ransporter o	of:	_			Ou	1985	- Paris
Recompletion Oil			Dry G.	as			-CN NO.	
Change in Ownership Casing	head Gas		Conde	ensate	Well Na	ame ()(S7. 13 - 13 V	
If change of ownership give name and address of previous owner	Paso	Natur	ral Gas,	P.O.	Box 4990, Farm:	ington, NM	87499	
II. DESCRIPTION OF WELL AND L								
Lease Name	Wel	II No.	Pool Name, Inc		ation	Kind of Lease State, Federal or Fee	USA	Lease No.
Case LS		3	Blanco-	4MV			SF	078095
Location M . 1	150		. Feet From The	S	Line and	990	Feet From The W	
Line of Section 17	Townshi	ip	31N		Range 11W	, NMPM,	San Juan	County
W DECIGNATION OF TRANSPORT		311 A NI	D NATHDA					
III. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil or Cor		JIL AIN	DINATURA	L GAS	Address (Give address to which	ch approved copy of this	form is to be sent)	
Conoco Inc. Surface Tra	nsport	atior	1		P. O. Box 460	D. Hobbs. N	9 88240	
Name of Authorized Transporter of Casinghead Ga	•				Address (Give address to which			
El Paso Natural Gas					P. O. Box 499	00, Farming	ton, NM 8749	9
	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When		
If well produces oil or liquids, give location of tanks.	M	17	31N	11W	Yes			
If this production is commingled with that from any	other lease o	or pool, giv	e commingling o	order number				
NOTE: Complete Parts IV and V or	reverse	side if	necessary					
VI. CERTIFICATE OF COMPLIANC	E					OIL CONSERVAT	ON DIVERSION	16 1985
I hereby certify that the rules and regulations of the	ne Oil Conse	ervation Di	ivision have bee	n complied	APPROVED		O SEr	J 6 ₁₉ 1985
with and that the information given is true and c	omplete to t	he best of	f my knowledge	and belief.		\leq 1700		
1, m(1/					TITLE) fame	Supervit	SOR DISTRICT 器 \$
Sit M- Kinner					This form in to be filed in	compliance with PIII F	30 4. 0	
(Signa	iture)				This form is to be filed in If this is a request for all	owable for a newly dril	led or deepened well, thi	
Sr. Regulatory Analyst					panied by a tabulation of th			
SEP 1	1935				All sections of this form m Fill out only Section I, II, II	II, and VI for changes o	•	
	(0)				or other such change of cor	iditiOn.		

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

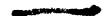
Form C-104 Revised 10-01-78 Format 06-01-83 Page 2 Choke Size

IV. COMPLETION DATA

Testing Method (pilot, back pt.)

Actual Prod. Test - MCFID	Length of Test	Bbls. Condense	#S/MMCF		Gravity of Cond	ətsənəbi	
GAS WELL		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.			Gas - MCF	·	
Length of Test	Fressure	Casing Pressure			Size		·
Date First New Oil Run To Tanks	Date of Test		d (Flow, pump, gas lift, e	(,019 _, ,11ii)			
V. TEST DATA AND REQUES	NA ALLOWABLE OIL WELI	ite st must be att of sor to depth	er recovery of total volum iii 24 hours)	o bsoi to əmulov	pa ad must be eq	ot beeck to	int tot sidswolle q
		T					
HOLE SIZE	CASING & TUBING S	-	DEPTH SET		SACKS CEMENT		
	TUBING, CA	пр семеитіи	З ВЕСОВО				
Perforations					Depth Casing 8	Эроч	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Op Oil/Gas Pay		<u></u>	
Date Spudded	Date Compl. Ready to Prod.	Total Depth			.0.1.8.9		
Designate Type of Completion) III-W IIO (X) -	New Well	Morkover Deep	Deebeu	Plug Back	у гэн эшьс	V.ZeA Thio
IV. COMPLETION DATA	<u> </u>		· · ·				

Casing Pressure (Shut-in)



(ni-turk) erussser9 gniduT