STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

(Date)

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DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
IRANSPORTER	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

OPERATOR					ND				
PRORATION OFFICE	AU	THORI	ZATION TO	TRANS	PORT OIL	AND NATUR	RAL GAS		
l									
Operator									
Tenneco Oil Company	D LIDA							SEP 0 6 198 5	
Address	~~		1 C C				•) [0 0 14 0 0	
P. O. Box 3249, Englew	30a, CU	80	155			1 2	OII	CON. D	IV.
Reason(s) for filing (Check proper box)						Other (Please ex	plain)	DIST. 3	• • •
New Well Change in	Transporter	of:						DIS1. 3	
Recompletion Oil			Dry (Gas					
K Change in Ownership Casi	nghead Gas		Cond	densate		Well Na	me		
If change of ownership give name and address of previous owner	l Paso	Natu	ral Gas	, P.O.	Box 49	90, Farmi	ngton, NM 8	7499	
II. DESCRIPTION OF WELL AND	LEASE						·		
Lease Name	We	II No.	Pool Name, In		nation		Kind of Lease State, Federal or Fee	USA	Lease No.
Mudge LS		23	Basin	Dakota				SF	078095
Location	,	-							
Unit Letter :	1030		_ Feet From Th	eN		Line and		eet From The	
Line of Section 5	Townsh	ip	31N		Range	11W	, NMPM,	San Juan	County
III. DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil or Conoco Inc. Surface Transporter	ondensate X			AL GAS			h approved copy of this f		
Name of Authorized Transporter of Casinghead	Gas □ or Dr	y Gas 🟋			Address (G	ive address to whic	h approved copy of this f	orm is to be sent)	
El Paso Natural Gas					P. C). Box 499	O, Farmingto	on, NM 87499	,
	Unit	Sec.	Twp.	Rge.		ally connected?	When		
If well produces oil or liquids, give location of tanks.	В	5	31N	11W		Yes			j
If this production is commingled with that from an	v other lease	or pool, a	ive comminaling	order numbe	er				
NOTE: Complete Parts IV and V									
VI. CERTIFICATE OF COMPLIAN	CE					C	IL CONSERVATI	ON DIVISION	
I hereby certify that the rules and regulations of		ervation (Division have be	en complied	APPRO	VED	· /) SF	P. 0 6 1985
with and that the information given is true and	complete to t	the best	of my knowledg	ge and belief.	·	\leq		/ / -	. • • 1500
Λ					BY _	<i>S</i> _^	ank).	ave /	
1- 246 [/					TITLE			O SUPERVIS	OR DISTRICT 號 3
Set M-Kinne					This to	rm is to be filed in	compliance with RULE	104	
(\$9	nature)				·		wable for a newly drille		s form must be accom-
Sr. Regulatory Analyst							e deviation tests taken o		
	ritle) or				All sec	tions of this form m	ust be filled out complete	ely for allowable on new	and recompleted walls.
SEP 1	1985					only Section I, II, II such change of con	I, and VI for changes of didition.	owner, well name and or	number, or transporter,
					. 11	J			

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

Testing Method (pilot, back pt.) Tubing Presseure (Shut-in))	Casing Pressure (Shut-in)	Choke Size	
Isaa to unfuro	,	Bbls. Condensate/MMCF	Gravity of Cond	euzgre
Actual Prod. Test - MCF/D Length of Test	3]	Bhis Condensate/MMCE	been to white a	3,000
BAS WELL				
Actual Prod. During Test	٨	Water - Bbls.	Gas - MCF	
Length of Test to myther the saure		Casing Pressure	Choke Size	
Date First New Oil Run To Tanks Date of Test	i4	Producing Method (Flow, pump, gas	('अर्व 'भूग	
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL	PP 7	depth or be for full 24 hours)		
10 2 10 11 10 11 10 10 10 10 10 10 10 10 10	u	(Test must be after recovery of total	upe ed taum bne lio beol to emulov	ial to or exceed top allowable for t
HOLE SIZE CASING & TL	3ZIS	TEPTH SET	5	SACKS CEMENT
IIBUT	SING, AND	CEMENTING RECORD		
Perforations			Depth Casing S	, poe
Elevations (DF, AKB, AT, GA, etc.) Name of Producing Forms	L	Top Oil/Gas Pay	Tubing Depth	
Date Spudded Date Compl. Ready to Pro	L	Total Depth	.G.T.8.9	
Designate Type of Completion — (X)	N III III N SEE	New Well Workover	Deepen Blug Back	V.ane Res'v. Diff. Res'v
IV. COMPLETION DATA				· . · · · · · · · · · · · · · · · · · ·