

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

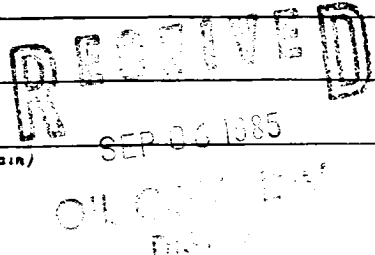
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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRODUCTION OFFICE		

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Form: 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Tenneco Oil Company - WRMD		
Address P. O. Box 3249, Englewood, CO 80155		
Reason(s) for filing (Check proper box)		Other (Please explain)
☐ New Well ☐ Recompletion ☒ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Casinghead Gas	Well name ☐ Dry Gas ☒ Condensate

If change of ownership give name and address of previous owner EI Paso Natural Gas Company, P. O. Box 4990, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name Heaton LS	Well No. 2A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee	Lease No. FEE
Location				
Unit Letter <u>E</u>	<u>1730</u> Feet From The <u>North</u> Line and <u>1190</u> Feet From The <u>West</u>			
Line of Section <u>30</u>	Township <u>31N</u>	Range <u>11W</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)
Conoco Inc. Surface Transportation	P. O. Box 460, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒	Address (Give address to which approved copy of this form is to be sent)
EI Paso Natural Gas Company	P. O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When.
Unit <u>E</u> Sec. <u>30</u> Twp. <u>31N</u> Rge. <u>11W</u>	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 McKinnis
(Signature)

Sr. Regulatory Analyst
(Title)

SEP 26 1985

OIL CONSERVATION DIVISION
APPROVED [Signature] SEP. 26 1985
BY [Signature]
TITLE _____ SUPERVISOR DISTRICT 8

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 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 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.						

Elevations (D.F., RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Depth Casing Shoe
Performances				

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 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-Bble.	Water-Bble.	Gas-MCF
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GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bble. Condensate/MWCF	Gravity of Condensate	Testing Method (Piston, back pr.)	Tubing Pressure (Shot-Ln)	Casing Pressure (Shot-Ln)	Choke Size
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