

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	<input type="checkbox"/> OIL
OPERATOR	<input type="checkbox"/> GAS
PRORATION OFFICE	

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

Form C-104  
Revised 10-1-78  
Format 06-0-103  
NOV 12 1987  
OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Tenneco Oil Company</b>	
Address <b>P.O. Box 3249, Englewood, Colorado 80155</b>	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Casinghead Gas

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Jacquez</b>	Well No. <b>4</b>	Pool Name, including Formation <b>Blanco, Pictured Cliffs</b>	Kind of Lease State, Federal or Fee <b>FEE</b>	Lease No.
Location Unit Letter <b>D</b> : <b>900</b> Feet From The <b>North</b> Line and <b>900</b> Feet From The <b>West</b> Line of Section <b>29</b> Township <b>31N</b> Range <b>9W</b> NMPM. <b>San Juan</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

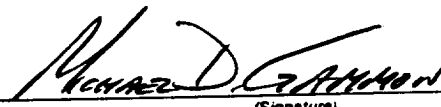
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Giant Refining</b>	Address (Give address to which approved copy of this form is to be sent) <b>Box 256, Farmington, New Mexico 87401</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 990, Farmington, New Mexico 87401</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>D</b>	Sec. <b>29</b>
	Twp. <b>31N</b>	Rge. <b>9W</b>
	Is gas actually connected? <b>No</b> When	

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.

  
(Signature)  
**Sr. Administrative Analyst**  
(Title)  
**August 31, 1987**  
(Date)  
**Re-Issued**  
**11/6/87**

OIL CONSERVATION DIVISION  
APPROVED \_\_\_\_\_  
BY **Original Signed by CHARLES GHOLSON**  
TITLE **DEPUTY OIL & GAS INSPECTOR, 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 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)		Oil Well	Gas Well X	New Well X	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v
Date Spudded 08-08-87	Date Compl. Ready to Prod. 08-27-87	Total Depth 3335'				P.B.T.D. 3309'			
Elevations (DF, RKB, RT, GR, etc.) 6324' GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay				Tubing Depth N/A			
Perforations 3165'-3202', 37', 74 holes						Depth Casing Shoe 3330'			
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
8 3/4"	7"		243'		118 ft <sup>3</sup> Class B w/additive				
6 1/4"	3 1/2"		3330'		400 ft <sup>3</sup> 65/35 w/additives				

#### 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 - MCF

#### GAS WELL

Actual Prod. Test - MCF/D 1596	Length of Test 3 Hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) AQF	Tubing Pressure (Shut-in) N/A	Casing Pressure (Shut-in) 682 PSIG	Choke Size 3/4"