STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

(Date)

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SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
	OIL	
TRANSPORTER	GAS	
OPERATOR		
PROPATION OFFICE		

OIL CONSERVATION DIVISION P.O. BOX 2088

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

FILE		SANTA	· FE, NEW	MEXICO 87501			
U.S.G.S.							
LAND OFFICE							
TRANSPORTER GAS	REQUEST FOR ALLOWABLE						
OPERATOR		AND					
PRORATION OFFICE	AUTHOR	IZATION TO	TRANSPO	ORT OIL AND NATU	RAL GAS		
						i ve n	
Operator							
Tenneco Oil Company ⊲	A CI						
Address P. O. Box 3249, Engl	auood CO 80	0155			SEP 0	6 1985	
Reason(s) for filing (Check proper box)				Other (Please e.	xplain)	N. DIV.	
					Market State Services		
New Well Chang	ge in Transporter of:				DIS	T. 3	
Recompletion	Oil	☐ Dry G	as				
X Change in Ownership	Casinghead Gas	Conde	ensate	Well N	ame		
Change in Cumoranip							
If change of ownership give name and address of previous owner	El Paso Nati	ural Gas,	P.O.	Box 4990, Farm	ington, NM 874	199	
II. DESCRIPTION OF WELL A	ND LEASE						
Lease Name	Well No.	Pool Name, Inc	luding Format	tion	Kind of Lease	USA	Lease No.
Moore LS	3 A	Blanco-	-MV		State, Federal or Fee	SF	078147
		1 2 2 3 7 7 7			<u> </u>		
Location			_		010	r	
I .	1790	Feet From The	S	Line and	910 Feet	t From The	
Unit Letter							
Line of Section 13	Township	32N		Range 12M	, _{NMPM} . Sä	an Juan	County
III. DESIGNATION OF TRANSI	OODTED OF OU A	ND NATURA	I GAS				
Name of Authorized Transporter of Oil	or Condensate V	HAD HATOTIE	ic and	Address (Give address to wh	ich approved copy of this form	n is to be sent)	
				1			Ì
Conoco Inc. Surface					O, Hobbs, NM 8		
Name of Authorized Transporter of Casingt	iead Gas 🗆 or Dry Gas 🗆	X			ich approved copy of this form		
El Paso Natural Gas					90, Farmington	n, NM 87499)
	Unit Sec.	Twp.	Rge.	is gas actually connected?	When		
If well produces oil or liquids, give location of tanks.	I 13	32N	12W	Yes	j		
If this production is commingled with that fro	om any other lease or pool,	give commingling	order number.				
NOTE: Complete Parts IV and	V on reverse side	it necessary	/.				
VI. CERTIFICATE OF COMPL	ANCE				OIL CONSERVATIO	N DIVISION _	P 0,6 1985
I hereby certify that the rules and regulation		n Division have be	en complied	APPROVED	-	<u>JLI</u>	<u> </u>
with and that the information given is true	and complete to the bes	t of my knowledg	e and belief.	ll 5	$IT(\mathbb{Q})$		
A				BY	- Janey	GIIDEDVIÇUD	DISTRICT 5
1 2000	/ •			TITLE	0	JM FV 100V	
Soft III-K	my			This form is to be filed	in compliance with RULE 110)4.	
(Signature)			If this is a request for allowable for a newly drilled or deepened well, this form must be accom-				
Sr. Regulatory Analys	3t			panied by a tabulation of	the deviation tests taken on t	the well in accordance	e with RULE 111.
	(Title) 400E			: h	must be filled out completely		
SEP 185			Fill out only Section I, II. or other such change of c	, III, and VI for changes of ow ondition.	ner, wen name and or	mumber, or transporter,	

or other such change of condition.

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

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Designate Type of Completion —	
IV. COMPLETION DATA	

Choke Size	Casing Pressure (Shut-in)	Tubing Pressave (Shut-in)	Testing Method (pilo!, back pt.)
Gravity of Condensate	Bbls. Condensate/MMCF	Length of Test	Actual Prod. Test - MICF/D
			GAS WELL
Gas · MCF	Water - Bbis.	OH - Bbis.	Actual Prod. Dunng Test
Choke Size	Casing Pressure	Tubing Pressure	fength of Test
	Producing Method (Flow, pump, gas lift, etc.)	Date of Test	Date First New Oil Run To Tanks
i and must be equal to or exceed top allowable for this	(Test must be after recovery of total volume of load of depth or be for full 24 hours)	A PLLOWABLE OIL WELL	V. TEST DATA AND REQUEST FOR
SACKS CEMENT	DEPTH SET	CASING & TUBING SIZE	HOLE SIZE
	О СЕМЕИТІИВ ВЕСОВВ	~	22.0 3 10.1.
Depth Casing Shoe			Perforations
tryded Depth	Top Oil/Gas Pay	Name of Producing Formation	Elevations (DF, RKE, RT, GR, etc.)
	Total Depth	Date Compl. Ready to Prod.	Date Spudded
Plug Back Same Res'v Diff Res.v	New Well Workover Deepen	Oil Well Gas Well	Designate Type of Completion —
			IV. COMPLETION DATA

