

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
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TRANSPORTER	OIL		
	GAS		
OPERATOR			
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OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

RECEIVED
MAR 14 1986
OIL CON. DIV. 1
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

Operator Tenneco Oil Company	
Address P. O. Box 3249, Englewood, CO 80155	
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 <input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 28-7 Unit	Well No. 52A	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee USA SF	Lease No. 078496
Location				
Unit Letter P	: 970	Feet From The South	Line and 1020	Feet From The East
Line of Section 27	Township 28N	Range 7W	NMPM.	Rio Arriba 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"/>	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 <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas	P. O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 27	Twp. 28N	Range 7W	Is gas actually connected? No	When ASAP

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.

Ann Jolliver
(Signature)

Administrative Operations

(Title)

March 11, 1986

(Date)

OIL CONSERVATION DIVISION
MAR 21 1986

APPROVED _____
BY _____ Original Signed by FRANK T. CHAVEZ
TITLE _____ SUPERVISOR DISTRICT # 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

Date Spudded	1/29/86	Date Compl. Ready to Prod.	3/6/86	Total Depth	6026' KB	P.B.T.D.	5860' KB	Elevations (Df, RKB, RT, GA, etc.)	6701' GL	Name of Producing Formation	Mesaverde	Top Oil/Gas Pay	4964' KB	Tubing Depth	5320' KB	Depth Casing Shoe	6023' KB	Perforations	See Below	Designate Type of Completion — (X)						
																				Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.v.

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	9-5/8" csg	314' KB	2505X (295CF)
8-3/4"	7" csg	3771' KB	6705X (1167CF)
6-1/4"	4-1/2" liner csg	3610'-6023' KB	3255X (499CF)
<p>--- 2-3/8" tbg 5320' KB</p>			

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.)
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
Length of Test	Tubing Pressure	Casing Pressure
		Choke Size
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF
3063 mcf/D	3 hrs	Gravity of Condensate

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3063 mcf/D	3 hrs		
Testing Method (Dilat. back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back pressure	680 psi	680 psi	3/4

PERFORATIONS

2 JSPF 87', 174 holes

2 JSPF 40', 80 holes

4964-70'
4982-88'
4993-5004'
5014-32'
5054-58'
5066-5100'
5122-30' KB

5308-14'
5555-59'
5569-75'
5586-93'
5597-5602'
5602-12'
5655-57'
5694-98' KB