

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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

Operator <b>Tenneco Oil Company</b>	
Address <b>P. O. Box 3249, Englewood, CO 80155</b>	
Reason(s) for filling (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"/> 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 <b>San Juan 28-7 Unit</b>	Well No. <b>58A</b>	Pool Name, including Formation <b>Blanco Mesaverde</b>	Kind of Lease State, Federal or Fee <b>USA SF</b>	Lease No. <b>078497</b>
Location				
Unit Letter <b>D</b> : <b>790</b> Feet From The <b>North</b> Line and <b>790</b> Feet From The <b>West</b>				
Line of Section <b>29</b> Township <b>28N</b> Range <b>7W</b> NMPM, <b>Rio Arriba</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>Conoco Inc. Surface Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 460, Hobbs, NM 88240</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 4990, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When
	<b>D   29   28N   7W   No   ASAP</b>

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 Tolliver*  
(Signature)

Administrative Operations

(Title)

March 11, 1986

(Date)

OIL CONSERVATION DIVISION  
MAR 21 1986

APPROVED \_\_\_\_\_

BY \_\_\_\_\_

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

TITLE \_\_\_\_\_

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	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.						
Date Spudded		2/3/86		Date Compl. Ready to Prod.		3/6/86		5225' KB		Total Depth		P.B.T.D.		5178' KB		Tubing Depth		4811' KB		Depth Casing Shoe		5222' KB	
Elevations (D.F., RKB, RT, GR, etc.)		5960' GL		Name of Producing Formation		Mesaverde		Top Oil/Gas Pay		4190' KB		Tubing Depth		4811' KB		Depth Casing Shoe		5222' KB		Perforations		See Below	

#### TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
12-1/4"	9-5/8" csg	305' KB	2255X (265CF) *	2255X (918CF)	6255X (918CF)	3255X (499CF)	---
8-3/4"	7" csg	2958' KB					
6-1/4"	4-1/2" liner csg	2795-5222' KB					
---	2-3/8" tbg	4811' KB					

\*NOTE: 855X (100CF) for top job additional cmt

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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
5914 mcf/d	3 hrs.			Back pressure	920 psi	920 psi	3/4
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size				

#### PERFORATIONS

1 JSPF 4190-204', 4208-26', 4231-44', 4254-72'  
2 JSPF 4276-84', 4306-08' KB for total 73', 83 holes.  
2 JSPF (except where noted) 4444-48', 4461-66',  
4554-58', 4751-80' (1 JSPF), 4796-800', 4805-08',  
4814-16', 4882-89', 4908-11', 4917-19', 4967-69',  
5120-24', for total 69', 109 holes.