

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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

RECEIVED

OCT 19 1988

OIL CON.

DIST

Operator <b>Tenneco Oil Company</b>	
Address <b>P.O. Box 3249 Englewood, CO 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"/> 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>264</b>	Pool Name, Including Formation <b>Blanco Pictured Cliffs</b>	Kind of Lease State, Federal or Fee <b>Federal</b>	Lease No. <b>SF-079290A</b>
Location				
Unit Letter <b>A</b>	: <b>790'</b>	Feet From The <b>north</b>	Line and <b>950'</b>	Feet From The <b>east</b>
Line of Section <b>24</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 type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
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)	
<b>El Paso Natural Gas Company</b>	<b>P.O. Box 4990 Farmington, NM 87401</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When
	<b>no</b>	<b>WOPL</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.

**Sandra D. Chik** *S. D. Chik*  
(Signature)  
**Staff Administrative Analyst**  
(Title)  
**10/11/88**  
(Date)

OIL CONSERVATION DIVISION  
APPROVED **OCT 28 1988**, 19\_\_\_\_\_  
BY **Original Signed by FRANK T. CHAVEZ**  
TITLE **SUPERVISOR DISTRICT # 2**

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 8/27/88	Date Compl. Ready to Prod. 9/23/88		Total Depth 3549'		P.B.T.D. 3505'				
Elevations (DF, RKB, RT, GR, etc.) 6574 GR, 6586 KB	Name of Producing Formation Blanco Pictured Cliffs		Top Oil/Gas Pay 3331'		Tubing Depth 3398'				
Perforations					Depth Casing Shoe 3549'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/2"	8-5/8		238'		219 cu ft				
7-7/8"	4-1/2"		3549'		1036 cu ft				
3-7/8"	2-3/8"		3398'						

#### 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 2570	Length of Test 3 hrs	Bbls. Condensate/MMCF .	Gravity of Condensate
Testing Method (pilot, back pr.) AOF=3028	Tubing Pressure (Shut-in) 773 psi	Casing Pressure (Shut-in) 773 psi	Choke Size