

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

SEP 06 1985

OIL CON. DIV.
DIST. 3

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

If change of ownership give name
and address of previous owner

El Paso Natural Gas, P.O. Box 4990, Farmington, NM 87499

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bolack C LS	Well No. 9	Pool Name, Including Formation Blanco-MV	Kind of Lease State, Federal or Fee USA SF	Lease No. 079232
Location				
Unit Letter H	: 1650	Feet From The N	Line and 990	Feet From The E
Line of Section 31	Township 27N	Range 8W	NMPM, San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

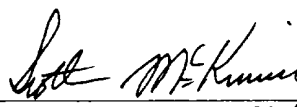
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit H	Sec. 31	Twp. 27N	Rge. 8W	Is gas actually connected? Yes	When

If this production is commingling 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. Regulatory Analyst
(Title)
SEP 1 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

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.

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SUPERVISOR DISTRICT #

IV. COMPLETION DATA

Designate Type of Completion — (X)									
Oil Well			Gas Well			New Well		Deepen	Workover
Plug Back			Same Res.v.			Diff. Res.v.			

Date Spudded		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (D.F., RKB, RT, GR, etc.)		Name of Producing Formation		
Perforations		Top Oil/Gas Pay		
		Tubing Depth		
		Depth Casing Shoe		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	

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	
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.	

GAS WELL

Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF	
Testing Method (pilot, back prod.)		Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)	