

NEW MEXICO OIL CONSERVATION COMMISSION  
GAS WELL TEST DATA SHEET - - SAN JUAN BASIN

(TO BE USED FOR FRUITLAND, PICTURED CLIFFS, MESAVERDE, & ALL DAKOTA  
EXCEPT BARKER DOME STORAGE AREA)

Pool South Blanco Formation Pictured Cliffs County San Juan  
Purchasing Pipeline El Paso Natural Gas Date Test Filed \_\_\_\_\_  
Operator El Paso Natural Gas Lease Bolack Well No. 13-C (P)  
Unit M Sec. 29 Twp. 27 Rge. 8 Pay Zone: From 2378 To 2420  
Casing: OD 7-5/8 WT. 26.4 Set At 4428 Tubing: OD 2 WT. 4.7 T. Perf. 4721  
Produced Through: Casing X Tubing \_\_\_\_\_ Gas Gravity: Measured .652 Estimated \_\_\_\_\_  
Date of Flow Test: From 9/7/58 To 9/15/58 \* Date S.I.P. Measured 7/17/58  
Meter Run Size \_\_\_\_\_ Orifice Size \_\_\_\_\_ Type Chart \_\_\_\_\_ Type Taps \_\_\_\_\_

OBSERVED DATA

Flowing casing pressure (Dwt) \_\_\_\_\_ psig + 12 = \_\_\_\_\_ psia (a)  
Flowing tubing pressure (Dwt) \_\_\_\_\_ psig + 12 = \_\_\_\_\_ psia (b)  
Flowing meter pressure (Dwt) \_\_\_\_\_ psig + 12 = \_\_\_\_\_ psia (c)  
Flowing meter pressure (meter reading when Dwt. measurement taken:  
Normal chart reading \_\_\_\_\_ psig + 12 = \_\_\_\_\_ psia (d)  
Square root chart reading ( \_\_\_\_\_ ) <sup>2</sup> x spring constant \_\_\_\_\_ = \_\_\_\_\_ psia (d)  
Meter error (c) - (d) or (d) - (c) \_\_\_\_\_ ± \_\_\_\_\_ = \_\_\_\_\_ psi (e)  
Friction loss, Flowing column to meter:  
(b) - (c) Flow through tubing: (a) - (c) Flow through casing \_\_\_\_\_ = \_\_\_\_\_ psi (f)  
Seven day average static meter pressure (from meter chart):  
Normal chart average reading \_\_\_\_\_ psig + 12 = \_\_\_\_\_ psia (g)  
Square root chart average reading (6.95) <sup>2</sup> x sp. const. 5 = 242 psia (g)  
Corrected seven day avge. meter press. (p<sub>f</sub>) (g) + (e) = 242 psia (h)  
P<sub>t</sub> = (h) + (f) = 242 psia (i)  
Wellhead casing shut-in pressure (Dwt) 677 psig + 12 = 689 psia (j)  
Wellhead tubing shut-in pressure (Dwt) 677 psig + 12 = 689 psia (k)  
P<sub>c</sub> = (j) or (k) whichever well flowed through \_\_\_\_\_ = 689 psia (l)  
Flowing Temp. (Meter Run) 63 °F + 460 = 523 °Abs (m)  
P<sub>d</sub> = ½ P<sub>c</sub> = ½ (l) = 345 psia (n)

FLOW RATE CALCULATION

Q = \_\_\_\_\_ X  $\left( \frac{\sqrt{(c)}}{\sqrt{(d)}} \right)^* = \underline{384}$  MCF/da  
(integrated)

DELIVERABILITY CALCULATION

D = Q 384  $\left[ \frac{(P_c^2 - P_d^2)}{(P_c^2 - P_w^2)} \right]^n = \underline{336}$  MCF/da.  
 $\frac{355696}{416157}$   $\frac{.8547}{.8750}$

SUMMARY

P<sub>c</sub> = 689 psia Company El Paso Natural Gas  
Q = 384 Mcf/day By Original Signed  
P<sub>w</sub> = 242 psia Title Harold L. Kendrick  
P<sub>d</sub> = 345 psia Witnessed by \_\_\_\_\_  
D = 336 Mcf/day Company \_\_\_\_\_

\* This is date of completion test.  
\* Meter error correction factor

REMARKS OR FRICTION CALCULATIONS

GL	(1-e <sup>-S</sup> )	(F <sub>c</sub> Q) <sup>2</sup>	(FcQ) <sup>2</sup> (1-e <sup>-S</sup> ) R <sup>2</sup>	P <sub>t</sub> <sup>2</sup> (Column i)	P <sub>t</sub> <sup>2</sup> + R <sup>2</sup>	P <sub>w</sub>
			Friction Negligible			

D at 250 = 376



## CURRENT RECORDS:

## CHANGE TO:

## Blanco Mesaverde Pool (Continued)

Blanco Gas Unit #3	G-1-27-8	Blanco #14	C-104 Required
Blanco Gas Unit #4	K-36-28-8	Blanco #15	C-104 Required
Bolack #1-B	G-33-28-8	Bolack B #1	
Bolack #3-B	N-33-28-8	Bolack B #3	
Bolack #4-B	N-12-27-8	Bolack B #4	
Bolack #9-C	H-31-27-8	Bolack C #9	
Bolack #10-C	A-28-27-8	Bolack C #10	
Bolack #11-C	K-28-27-8	Bolack C #11	
Bolack #12-C	A-29-27-8	Bolack C #12	
Bolack #13-C	M-29-27-8	Bolack C #13	
Bolack #14-C	B-30-27-8	Bolack C #14	
Bolack #15-C	L-33-27-8	Bolack C #15	
Bolack #16-C	A-33-27-8	Bolack C #16	
Bonds Pool Unit #1	M-15-32-10	Bonds #1	
Brookhaven State #1	N-16-31-10	Brookhaven Com #1	C-104 Required
Brookhaven State #2	B-16-31-10	Brookhaven Com A #2	C-104 Required
Brookhaven State #3	A-16-31-11	Brookhaven Com B #3	C-104 Required
Brookhaven State #7	A-2-27-8	Brookhaven Com F #7	C-104 Required
Bruington Pooled Unit #3	I-6-30-11	Bruington #3	
Burroughs State #2	G-16-32-10	Burroughs Com A #2	C-104 Required
Burroughs State #4	M-2-27-9	Burroughs Com B #4	C-104 Required
Calloway Pooled Unit #1	B-27-31-11	Calloway #1	
Calloway Pooled Unit #2	H-34-31-11	Calloway #2	
Cox Canyon Unit #1-16	N-16-32-11	Cox Canyon Unit #1	
Cox Canyon Unit 32-11 #6	A-16-32-11	Cox Canyon Unit #6	
Cox Canyon Unit 32-11 #7	G-17-32-11	Cox Canyon Unit #7	
Cuccia State #3	M-32-27-8	Cuccia Com A #3	C-104 Required
Cuccia State #4	H-32-27-8	Cuccia Com B #4	C-104 Required
Cundiff #2-A	H-17-32-12	Cundiff A #2	
Day #2-B	M-7-27-8	Day B #2	
Day #5-B	A-7-27-8	Day B #5	
Day #1-A	A-17-29-8	Day A #1	
Day #2-A	H-7-29-8	Day A #2	
Day #3-A	B-8-29-8	Day A #3	
Day #4-A	M-8-29-8	Day A #4	
Day #5-A	A-18-29-8	Day A #5	
Decker Pooled Unit #1	M-17-32-10	Decker #1	
Delhi State #1	K-16-30-8	Delhi Com #1	C-104 Required
Elliott #1-A	K-19-31-11	Elliott A #1	
El Paso Nat. Gas State #1	H-32-30-8	EPNG Com #1	C-104 Required
El Paso Nat. Gas State #2	M-32-31-8	EPNG Com A #2	C-104 Required
El Paso Nat. Gas State #3	K-32-31-10	EPNG Com B #3	C-104 Required
El Paso Nat. Gas State #4	N-16-32-10	EPNG Com C #4	C-104 Required
El Paso Nat. Gas State #5	K-36-30-8	EPNG Com D #5	C-104 Required
Florance #1-A	H-25-30-10	Florance A #1	
Florance #1-C	A-19-28-8	Florance C #1	
Florance #2-C	K-20-28-8	Florance C #2	
Florance #3-C	K-19-28-8	Florance C #3	
Florance #4-C	K-29-28-8	Florance C #4	
Florance #5-C	H-30-28-8	Florance C #5	
Florance #6-C	L-30-28-8	Florance C #6	
Florance #4-D	G-20-27-8	Florance D #4	
Florance #9-D	M-17-27-8	Florance D #9	
Florance #10-D	B-17-27-8	Florance D #10	
Florance #11-D	G-18-27-8	Florance D #11	
Florance #12-D	B-19-27-8	Florance D #12	
Florance #13-D	K-20-27-8	Florance D #13	
Florance #14-D	K-21-27-8	Florance D #14	
Florance #1-E	L-1-29-10	Florance E #1	
Florance #1-F	M-25-30-10	Florance F #1	
Florance Pooled Unit #1	K-18-27-8	Florance #4	C-104 Required
Grambling #1-C	G-14-30-10	Grambling C #1	
Grambling #2-C	N-14-30-10	Grambling C #2	
Grambling #3-C	H-12-30-10	Grambling C #3	

cc: El Paso Natural Gas Co.(3)  
 Southern Union Gas Co.  
 Southern Union Gathering Co.  
 Oil Conservation Commission, Santa Fe  
 U.S. Geological Survey

APPROVED E. S. Oberly  
 El Paso Natural Gas Co.  
 Effective 11-1-65

CURRENT RECORDS:

CHANGE TO:

Fulcher Kutz Pictured Cliffs Pool:

Cleveland #1-17	A-17-27-9	Cleveland #1
Cleveland #2-20	P-20-27-9	Cleveland #2
Cleveland #3-21	C-21-27-9	Cleveland #3
Cleveland #4-21	N-21-27-9	Cleveland #4
Davidson #1	G-22-28-10	J.C. Davidson D #1
Davidson #1-F	G-27-28-10	J.C. Davidson F #1
Feasel #1-A	E-32-28-10	Feasel A #1
Feasel #3-A	D-34-28-10	Feasel A #3
Galt #1-B	I-6-27-10	Galt B #1
Gordon #1-A	O-24-27-10	Gordon A #1
Huerfanito Unit #41-28	B-28-27-9	Huerfanito Unit #41
Huerfanito Unit #43-22	L-22-27-9	Huerfanito Unit #43
Huerfanito Unit #44-22	E-22-27-9	Huerfanito Unit #44
Kutz Canyon Oil & Gas Co. #1	O-17-28-10	Kutz Canyon Oil & Gas #1
Kutz Canyon Oil & Gas Co. #2	N-8-28-10	Kutz Canyon Oil & Gas #2
Kutz Deep test #1-A	J-22-28-10	Kutz Deep Test A #1
Martin #1	A-31-28-10	R.H. Martin #1
McAdams #1-A	K-20-27-9	McAdams A #1
Rowley #1-B	C-21-27-10	Rowley B #1
Rowley #2-B	L-21-27-10	Rowley B #2
Rowley #1-C	E-28-27-10	Rowley C #1
Rowley #2-C	K-28-27-10	Rowley C #2
Rowley #1-D	D-27-27-10	Rowley D #1
Rowley #2-D	M-27-27-10	Rowley D #2
Sullivan #1-A	O-23-28-10	Sullivan A #1
Turner State #7-16	K-16-27-9	Turner B Com B #7
Turner State #8-16	P-16-27-9	Turner B Com C #8
Turner State #9-16	D-16-27-9	Turner B Com D #9

South Blanco Pictured Cliffs Pool:

Abraham #1-E	E-24-24-2	Abraham E #1	
Abraham #2-E	G-24-24-2	Abraham E #2	(TA)
Blanco Gas Unit #2	G-1-27-8	Blanco #13	C-104 Required
Blanco Gas Unit #4	K-36-28-8	Blanco #15	C-104 Required
Bolack #2-B	K-12-27-8	Bolack B #2	
Bolack #3-B	N-33-28-8	Bolack B #3	
Bolack #1-C	A-28-27-8	Bolack C #1	
Bolack #2-C	D-28-27-8	Bolack C #2	
Bolack #3-C	D-29-27-8	Bolack C #3	
Bolack #4-C	I-29-27-8	Bolack C #4	
Bolack #5-C	O-30-27-8	Bolack C #5	
Bolack #7-C	E-33-27-8	Bolack C #7	
Bolack #8-C	I-33-27-8	Bolack C #8	
Bolack #9-C	H-31-27-8	Bolack C #9	
Bolack #11-C	K-28-27-8	Bolack C #11	
Bolack #12-C	A-29-27-8	Bolack C #12	
Bolack #13-C	M-29-27-8	Bolack C #13	
Bolack #14-C	B-30-27-8	Bolack C #14	
Brookhaven State #4	L-36-27-8	Brookhaven Com C #4	C-104 Required
Brookhaven State #5	E-36-27-8	Brookhaven Com D #5	C-104 Required
Brookhaven State #6	I-36-27-8	Brookhaven Com E #6	C-104 Required
Brookhaven State #7	A-2-27-8	Brookhaven Com F #7	C-104 Required
Burroughs State #1	H-36-27-8	Burroughs Com #1	C-104 Required
Day #1-B	A-7-27-8	Day B #1	
Day #2-B	M-7-27-8	Day B #2	
Day #6-B	F-7-27-8	Day B #6	
Florance #4-C	K-29-28-8	Florance C #4	
Florance #5-C	H-30-28-8	Florance C #5	
Florance #6-C	L-30-28-8	Florance C #6	
Florance #7-C	E-30-28-8	Florance C #7	
Florance #1-D	I-21-27-8	Florance D #1	
Florance #2-D	B-17-27-8	Florance D #2	
Florance #3-D	D-17-27-8	Florance D #3	
Florance #5-D	P-18-27-8	Florance D #5	

cc: El Paso Natural Gas Co. (3)  
 Southern Union Gas Co.  
 Southern Union Gathering Co.  
 Oil Conservation Commission, Santa Fe, N.M.  
 U.S. Geological Survey

APPROVED

E. S. Oberly  
 El Paso Natural Gas Co.  
 Effective 11-1-65  
 Page 4

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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

Operator <b>Tenneco Oil Company E &amp; P WRMD</b>	
Address <b>P. O. Box 3249, Englewood, CO 80155</b>	
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 checked="" 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 <b>Bolack C LS</b>	Well No. <b>13</b>	Pool Name, Including Formation <b>So. Blanco-PC</b>	Kind of Lease State, Federal or Fee <b>USA SF</b>	Lease No. <b>079232</b>
Location				
Unit Letter <b>M</b>	: <b>960</b>	Feet From The <b>S</b>	Line and <b>800</b>	Feet From The <b>W</b>
Line of Section <b>29</b>	Township <b>27N</b>	Range <b>8W</b>	NMPM, <b>San Juan</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>M   29   27N   8W   Yes</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.

*Scott McKinnay*  
(Signature)

Sr. Regulatory Analyst

(Title)  
**SEP 1 1985**  
(Date)

OIL CONSERVATION DIVISION

APPROVED **SEP 06 1985**  
BY *Frank J. Dwyer*  
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

Designate Type of Completion — (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Dift. Resv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.						
Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth						
Perforations				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

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
Testing Method (pilot, back prod.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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ENERGY AND MINERALS DEPARTMENT

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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

Operator <b>Tenneco Oil Company - E &amp; P WRMD</b>	
Address <b>P. O. Box 3249, Englewood, CO 80155</b>	
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 <b>Bolack C LS</b>	Well No. <b>13</b>	Pool Name, including Formation <b>Blanco-MV</b>	Kind of Lease State, Federal or Fee <b>USA</b> <b>SF</b>	Lease No. <b>079232</b>
Location				
Unit Letter <b>M</b>	<b>960</b>	Feet From The <b>S</b>	Line and <b>800</b>	Feet From The <b>W</b>
Line of Section <b>29</b>	Township <b>27N</b>	Range <b>8W</b>	NMPM, <b>San Juan</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 <b>M</b>	Sec. <b>29</b>	Twp. <b>27N</b>	Rge. <b>8W</b>	Is gas actually connected? <b>Yes</b>	When

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.

*Sgt McKinnis*  
(Signature)  
**Sr. Regulatory Analyst**  
SEP 1 1985  
(Title)  
(Date)

OIL CONSERVATION DIVISION

APPROVED **SEP 06 1985**  
BY *Frank J. Dwyer*  
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

Designate Type of Completion — (X)										Oil Well		Gas Well		New Well		Workover		Deepen		Plug Back		Same Res. V.		Diff. Res. V.	
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.		Tubing Depth		Elevations (D.F., RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth		Perforations							
TUBING, CASING, AND CEMENTING RECORD																									
HOLE SIZE						CASING & TUBING SIZE						DEPTH SET						SACKS CEMENT							

# V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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 - MCF	

# GAS WELL

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

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Amoco Production Company</b>		Well API No. <b>3004506200</b>
Address <b>1670 Broadway, P. O. Box 800, Denver, Colorado 80201</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator <b>Tenneco Oil E &amp; P, 6162 S. Willow, Englewood, Colorado 80155</b>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>BOLACK C LS</b>	Well No. <b>13</b>	Pool Name, Including Formation <b>BLANCO SOUTH (PICT CLIFFS)</b>	FEDERAL	Lease No. <b>SF079232</b>
Location Unit Letter <b>M</b> <b>960</b> Feet From The <b>FSL</b> Line and <b>800</b> Feet From The <b>FWL</b> Line Section <b>043</b> Township <b>27N</b> Range <b>8W</b> , NMPM, <b>SAN JUAN</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"/>	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 1492, EL PASO, TX 79978</b>					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					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 Tank	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
Testing Method (piston, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature *J. L. Hampton*  
J. L. Hampton Sr. Staff Admin. Suprv.  
Printed Name Title  
January 16, 1989 303-830-5025  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 08 1989**

By *Burt D. Shum*  
SUPERVISION DISTRICT # 3  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.



Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Amoco Production Company</b>		Well API No. <b>3004506200</b>
Address <b>1670 Broadway, P. O. Box 800, Denver, Colorado 80201</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <b>Tenneco Oil E &amp; P, 6162 S. Willow, Englewood, Colorado 80155</b>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>BOLACK C LS</b>	Well No. <b>13</b>	Pool Name, Including Formation <b>BLANCO (MESAVERDE)</b>	FEDERAL	Lease No. <b>SF079232</b>
Location				
Unit Letter <b>M</b>	<b>960</b>	Feet From The FSL	Line and <b>800</b>	Feet From The FWL
Section <b>045</b>	Township <b>27N</b>	Range <b>8W</b>	NMPM	SAN JUAN

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) <b>P. O. BOX 1429, BLOOMFIELD, NM 87413</b>					
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>P. O. BOX 1492, EL PASO, TX 79978</b>					
EL PASO NATURAL GAS COMPANY						
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Tw. P.	Rge.	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					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 Tank	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
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

*J. L. Hampton*  
Signature  
**J. L. Hampton** Sr. Staff Admin. Supvr.  
Printed Name Title  
**January 16, 1989** 303-830-5025  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved **MAY 08 1990**

By *Burt D. Shum*  
Title **SUPERVISION DISTRICT # 3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

Operator <b>AMOCO PRODUCTION COMPANY</b>		Well APN No. <b>300450620000</b>
Address <b>P.O. BOX 800, DENVER, COLORADO 80201</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	<input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of operator give name  
and address of previous operator

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>BOLACK C LS</b>	Well No. <b>13</b>	Pool Name, Including Formation <b>BLANCO MESAVERDE (PRORATED GAS)</b>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <b>M</b> : <b>960</b> Feet From The <b>FSL</b> Line and <b>800</b> Feet From The <b>FWL</b> Line Section <b>29</b> Township <b>27N</b> Range <b>8W</b> , <b>NMPM</b> , <b>SAN JUAN</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)	
<b>MERIDIAN OIL INC.</b>	<b>3535 EAST 30TH STREET, FARMINGTON, NM 87401</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input 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 1492, EL PASO, TX 79978</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected? When?	

If this production is commingled with that from any other lease or pool, give commingling order number:

**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	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations		Depth Casing Shoe						
TUBING, CASING AND CEMENTING								
HOLE SIZE	CASING & TUBING SIZE		DEPT. OF		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.)

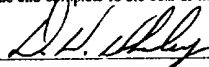
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

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

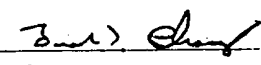
**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given above  
is true and complete to the best of my knowledge and belief.

  
Signature  
**Doug W. Whaley, Staff Admin. Supervisor**  
Printed Name Title  
**July 5, 1990** **303-830-4280**  
Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **AUG 23 1990**

By   
SUPERVISOR DISTRICT #3  
Title

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

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OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <b>AMOCO PRODUCTION COMPANY</b>		Well APINo. 3004506200
Address P.O. BOX 800, DENVER, COLORADO 80201		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input checked="" type="checkbox"/>
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>BOLACK C LS</b>	Well No. 13	Pool Name, including Formation <b>BLANCO SOUTH (PICT CLIFFS)</b>	Kind of Lease FEDERAL	Lease No. SF079232
Location Unit Letter <b>N</b> : <b>960</b> Feet From The <b>FSL</b> Line and <b>800</b> Feet From The <b>FWL</b> Line Section <b>29</b> Township <b>27N</b> Range <b>8W</b> , <b>NMPM</b> , <b>SAN JUAN</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"/> <b>MERIDIAN OIL INC.</b>	Address (Give address to which approved copy of this form is to be sent) <b>3535 EAST 30TH STREET, FARMINGTON, NM 87401</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>EL PASO NATURAL GAS COMPANY</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. BOX 1492, EL PASO, TX 79978</b>	
If well produces oil or liquids, give location of tanks.	Unit	Soc.
	Twsp.	Rge.
	Is gas actually connected? When?	

If this production is commingled with that from any other lease or pool, give commingling order number:

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/Mcf	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

Signature Doug W. Whaley  
Doug W. Whaley, Staff Admin. Supervisor  
Printed Name Title  
Date February 8, 1991 Telephone No. 303-830-4280

OIL CONSERVATION DIVISION

FEB 25 1991

Date Approved \_\_\_\_\_  
By Brian J. Shoup  
SUPERVISOR DISTRICT 03  
Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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