

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL	
	GAS	
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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

Operator Tenneco Oil Company - E & P WRMD		SEP 06 1985
Address P. O. Box 3249, Englewood, CO 80155		OIL CON. DIV DIST. 3
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead 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. 10	Pool Name, Including Formation Blanco-MV	Kind of Lease State, Federal or Fee USA SF	Lease No. 079232
Location				
Unit Letter A	: 1090	Feet From The N	Line and 800	Feet From The E
Line of Section 28	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"/>	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 A	Sec. 28	Twp. 27N	Rge. 8W
	Is gas actually connected?		When	
	Yes			

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

OIL CONSERVATION DIVISION

SEP 06 1985
APPROVED
BY *Frank J. Quigley*
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.	
Diff. Res.	

Date Spudded	Name of Producing Formation	Elevations / D.F., R.K.B., R.T., G.R., etc.)
Total Depth	Top Oil/Gas Pay	Tubing Depth
P.B.T.D.		Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	BOIS CONDENSATE (MMSCF)	Choke Size
Testing Method (prior back pr.	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	