STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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)*

☐ New Well

☐ Recomplition

☒ Change in Ownership

Change in Transporter of:

☐ Oil

☐ Casinghead Gas

☐ Dry Gas

☒ Condensate

Other *(Please explain)*

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	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Riddle F LS	5	Blanco—MV	USA SF	080112

Location

Unit Letter ___ A ___ : ___ 790 ___ Feet From The ___ N ___ Line and ___ 1090 ___ Feet From The ___ E ___

Line of Section ___ 32 ___ Township ___ 28N ___ Range ___ 8W ___ , NMPM, ___ San Juan ___ County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒	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 ☐ or Dry Gas ☒	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

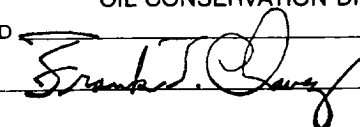|	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
If well produces oil or liquids, give location of tanks.	A	32	28N	8W	Yes	

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.

(Signature)

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

OIL CONSERVATION DIVISION SEP 06 1985

APPROVED ___

BY ___

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.'y	Diff. Res.'y

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