

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
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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 WARD	
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	<input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas	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 Florance C LS	Well No. 10	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee USA NM	Lease No. 03549
Location Unit Letter <u>H</u> : <u>2172</u> Feet From The <u>N</u> Line and <u>330</u> Feet From The <u>E</u> Line of Section <u>30</u> Township <u>28N</u> Range <u>8W</u> NMPM, <u>San Juan</u> 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. 30	Twp. 28N	Rge. 8W	Is gas actually connected? Yes	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.


(Signature)
Sr. Regulatory Analyst

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.

SEP 06 1985

SUPERVISOR DISTRICT #3

IV. COMPLETION DATA

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

Date Spudded	Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation	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

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

GAS WELL

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