

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
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OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

RECEIVED
SEP 06 1985
OIL CON. DIV
DIST. 3

I. Operator **Tenneco Oil Company ~~E. C. P. URBAN~~**

Address **P. O. Box 3249, Englewood, CO 80155**

Reason(s) for filing (Check proper box):
 New Well
 Recompletion
 Change in Ownership
 Change in Transporter of Oil
 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 Tapp LS	Well No. 4	Pool Name, Including Formation Blanco-MV	Kind of Lease State: Federal or Fee USA SF	Lease No. 078499
Location Unit Letter M : 800 Feet From The S Line and 840 Feet From The W Line of Section 16 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 <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 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 M Sec. 16 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.

Lot McHenry

(Signature)
Sr. Regulatory Analyst

(Title)
SEP 1 1985

(Date)

OIL CONSERVATION DIVISION **SEP 06 1985**
APPROVED _____, 19____
BY *Frank J. Quigg*
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

Date Spudded		Date Compl. Ready to Prod		Total Depth		P.B.T.D.	
Elevations (D.F., R.K.B., R.T., G.R., 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 on 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 - MCF	

GAS WELL

Actual Prod. Test - MCF D	Length of Test	Bbls Condensate/MCF	Gravity of Condensate
Testing Method (not back prod)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size