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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED

SEP 06 1985

OIL CON. DIV.
DIST. 3

Operator Tenneco Oil Company E & P LPMD	
Address P. O. Box 3249, Englewood, CO 80155	
Reasons for filing (Check proper box)	Other (Please explain)
☐ New Well	Well Name
☐ Recompletion	
☒ Change in Ownership	
☐ Change in Transporter of:	
☐ Oil	
☐ Casinghead Gas	
☐ Dry Gas	
☒ Condensate	

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 Warren LS	Well No. 4	Pool Name, Including Formation Blanco-MV	Kind of Lease State, Federal or Fee USA SF	Lease No. 077123
Location				
Unit Letter H	: 1700	Feet From The N	Line and 1090	Feet From The E
Line of Section 14	Township 28N	Range 9W	NMPM San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

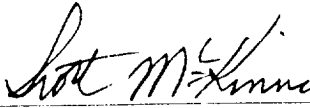
Name of Authorized Transporter of Oil or Condensate ☒ Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240			
Name of Authorized Transporter of Casinghead Gas or Dry Gas ☒ El Paso Natural Gas	Address (Give address to 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 14	Twp. 28N	Rge 9W
	Is gas actually connected? Yes		When	

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

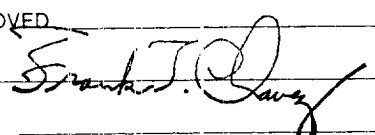
NOTE: Complete Parts IV and V on reverse side if necessary.

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
(Title)
SEP 1 1985
(Date)

OIL CONSERVATION DIVISION

APPROVED
BY 
TITLE
SUPERVISOR DISTRICT # 3

SEP 06 1985

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.	Dr. Pass
	Date Spudded							

Elevations of RKB at: Oil, Gas, etc.	Name of Producing Formation	Top Oil Gas Pay	Tubing Depth	Perforations	Date Spudded		
					P.B.T.D.		

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 Flow Or Run To Tanks	Date of Test	Producting Method (Flow, Pump, Gas, etc.)
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Length of Test	Flow Pressure	Casing Pressure	Choke Size
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Actual Prod. During Test	Gas	Water, Brine	Gas, MCF
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Actual Prod. Test, MCF/D	Actual Test	30-sec. Condensate, MMCF	Gravity of Condensate
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Testing Method (Flow, Back, etc.)	30-sec. Condensate, MMCF	Casing Pressure, PSI	Choke Size
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