

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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SEP 06 1985

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
 Recompletion
 Change in Ownership
 Change in Transporter of:
 Oil
 Casinghead Gas
 Dry Gas
 Condensate
 Other (Please explain):
OIL CON. DIV. DIST. 3
 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 Johnston LS	Well No. 2	Pool Name, Including Formation Aztec-PC	Kind of Lease State, Federal or Fee USA NM	Lease No. 04202
Location Unit Letter I : 1800 Feet From The S Line and 870 Feet From The E Line of Section 9 Township 28N Range 9W 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"/> 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 I	Sec. 9	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.

Scott McHenry
(Signature)
Sr. Regulatory Analyst
SEP 1 1985
(Date)

OIL CONSERVATION DIVISION
APPROVED **SEP 06 1985**
BY *Frank J. Dwyer*
TITLE **SUPERVISOR DISTRICT**

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.

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS <small>(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)</small>		5. LEASE DESIGNATION AND SERIAL NO. NM-04202
6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME JOHNSTON LS		9. WELL NO. 2
10. FIELD AND POOL, OR WILDCAT Aztec PC		11. SEC., T., R., M., OR BLK. AND SUBVY OR AREA Sec. 9, T28N, R9W
12. COUNTY OR PARISH San Juan	13. STATE NM	
14. PERMIT NO. 30-045-07586	15. ELEVATIONS (Show whether DF, WT, GR, etc.) 6262' (GL)	

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BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <u>Repair Fences</u> <input checked="" type="checkbox"/>	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This regards your notice dated 4/2/86 regarding an inadequately fenced pit at the above referenced location. The work has been completed; however, the rancher keeps pulling down the fences. This has been discussed with Ilyse Ferraiuolo (BLM).

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OIL CON. DIV.
DIST. 3

18. I hereby certify that the foregoing is true and correct

SIGNED Timothy R. Foster TITLE Sr. Administrative Analyst DATE May 21, 1986

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE MAY 28 1986

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO
BY ah

*See Instructions on Reverse Side

NMCCG

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.