

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
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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
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Tenneco Oil Company		RECEIVED SEP 06 1985 OIL CON. DIV. DIST. 3
Address P. O. Box 3249, Englewood, CO 80155		
Reason(s) for filing (Check proper box): <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership		Other (Please explain) Well Name
Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input checked="" type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> 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	We No 8	Pool Name, including Formation Blanco-PC	Kind of Lease State, Federal or Fee USA NM	Lease No 03549
Location Unit Letter M : 600 Feet From The S Line and 800 Feet From The W Line of Section 7 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 X 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 X 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 7
	Twp 28N	Rge 8W
	Is gas actually connected? 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.

Scott McKinnis
(Signature)
Sr. Regulatory Analyst
(Title)

SEP 1 1985

OIL CONSERVATION DIVISION

APPROVED **SEP 06 1985**
BY *Frank J. Dwyer*
TITLE **SUPERVISOR DISTRICT 10**

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)									
Date Spudded		Date Compl. Ready to Prod		Total Depth		P.B.T.D.			
Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.	Dt. Res.		

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE			CASING & TUBING SIZE			DEPTH SET			SACKS CEMENT	
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Test must be after recovery of total volume of lost oil and must be equal to or exceed 100 allowable for this depth or 24 hours

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks			Date of Test			Producing Method For Pump Gas lift, etc.				
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Length of Test			Tubing Pressure			Casing Pressure			Choke Size	
Actual Prod During Test			Oil Boils			Water Boils			Gas MCF	

GAS WELL

Actual Prod Test MCF/D			Length of Test			Bois Condensate MMCF			Gravity of Condensate	
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Actual Prod Test MCF/D			Tubing Pressure Start			Casing Pressure Start			Choke Size	
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