

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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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

Operator <b>Tenneco Oil Company - E &amp; P WRMD</b>		<b>RECEIVED</b> SEP 06 1985 OIL CON. DIV. DIST. 3
Address <b>P. O. Box 3249, Englewood, CO 80155</b>		
Reason(s) for filing (Check proper box)		Other (Please explain)
<input type="checkbox"/> New Well	Change in Transporter of:	Well Name
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	
	<input 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 <b>Bolack C LS</b>	Well No. <b>4</b>	Pool Name, including Formation <b>So. Blanco-PC</b>	Kind of Lease State, Federal or Fee <b>USA SF</b>	Lease No. <b>079232</b>
Location				
Unit Letter <b>I</b>	: <b>1636</b>	Feet From The <b>S</b>	Line and <b>800</b>	Feet From The <b>E</b>
Line of Section <b>29</b>	Township <b>27N</b>	Range <b>8W</b>	NMPM. <b>San Juan</b>	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"/> <b>Conoco Inc. Surface Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 460, Hobbs, NM 88240</b>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 4990, Farmington, NM 87499</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>I</b>	Sec. <b>29</b>	Twp. <b>27N</b>	Rge. <b>8W</b>	Is gas actually connected? <b>Yes</b>	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 McKinnis*  
(Signature)  
**Sr. Regulatory Analyst**  
(Title)  
**SEP 1 1985**  
(Date)

OIL CONSERVATION DIVISION  
APPROVED *Frank J. Quigg* **SEP 06 1985**  
BY **SUPERVISOR DISTRICT 3**  
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.

IV. COMPLETION DATA

Designate Type of Completion — (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.								
Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Perforations					
<b>TUBING, CASING, AND CEMENTING RECORD</b>									
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 oil 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.)	Casing Pressure	Choke Size	Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	

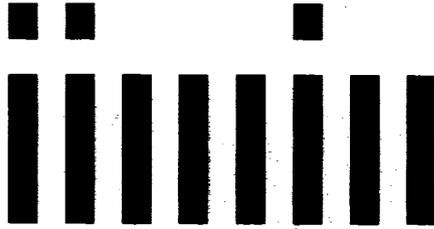
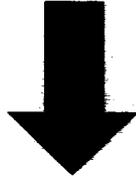
GAS WELL

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

**Job separation sheet**



**LTR**



Submit 5 Copies  
 Appropriate District Office  
 DISTRICT I  
 P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
 P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
 Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

Form C-104  
 Revised 1-1-89  
 See Instructions  
 at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
 TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator <b>Amoco Production Company</b>	Well API No. <b>3004513245</b>
Address <b>1670 Broadway, P. O. Box 800, Denver, Colorado 80201</b>	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	
If change of operator give name and address of previous operator <b>Tenneco Oil E &amp; P, 6162 S. Willow, Englewood, Colorado 80155</b>	

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name <b>BOLACK C LS</b>	Well No. <b>4</b>	Pool Name, including Formation <b>BLANCO SOUTH (PICT CLIFFS)</b>	FEDERAL	Lease No. <b>SF079232</b>
Location				
Unit Letter <b>I</b>	<b>1636</b>	Feet From The <b>FSL</b>	Line and <b>800</b>	Feet From The <b>FEL</b>
Section <b>045</b>	Township <b>27N</b>	Range <b>8W</b>	<b>NMPM,</b>	County <b>SAN JUAN</b>

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>ES</b>		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
<b>EL PASO NATURAL GAS COMPANY</b>	<b>P. O. BOX 1492, EL PASO, TX 79978</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When ?
If this production is commingled with that from any other lease or pool, give commingling order number:		

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v	<input type="checkbox"/> Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
<b>TUBING, CASING AND CEMENTING RECORD</b>								
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 oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

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

**GAS WELL**

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

**VI. OPERATOR 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 above is true and complete to the best of my knowledge and belief.

*J. L. Hampton*  
 Signature  
**J. L. Hampton** Sr. Staff Admin. Suprv.  
 Printed Name Title  
**January 16, 1989** 303-830-5025  
 Date Telephone No.

**OIL CONSERVATION DIVISION**

Date Approved **MAY 08 1989**  
 By *[Signature]*  
**SUPERVISION DISTRICT # 3**  
 Title

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.