

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRORATION OFFICE	

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

RECEIVED
SEP 06 1985

Operator Tenneco Oil Company		OIL CON. DIV
Address P. O. Box 3249, Englewood, CO 80155		DIST. 3
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 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 Bolack B LS	Well No. 6	Pool Name, Including Formation So. Blanco-PC	Kind of Lease State, Federal or Fee USA NM	Lease No. 012202
Location Unit Letter E : 1840 Feet From The N Line and 1180 Feet From The W Line of Section 33 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 E	Sec. 33
	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.

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

OIL CONSERVATION DIVISION
SEP 06 1985
APPROVED 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.

Designate Type of Completion — (X)	
Oil Well	
Gas Well	
New Well	
Workover	
Deepen	
Plug Back	
Same Res.	
Diff. Res.	

Zone Spudded	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Depth Casing Shoe
Uate Compl. Ready to Prod.			Total Depth	P.B.T.D.	

(Test must be after recovery of total volume of lead oil and must be equal to or exceed 10% allowable for this depth or be for full 24 hours).

Actual Prod During Test	Oil - Bbls	Water - Bbls	Gas - MCF
Length of Test	Tubing Pressure	Casing Pressure	Choke Size

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