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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

Form C-104
Revised 12-01-78
Format 06-C1-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator Tenneco Oil Company El Paso		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 Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate Other (Please explain): 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 Warren LS	Well No. 9	Pool Name, including Formation Aztec-PC	Kind of Lease State Federal or Fee USA SF	Lease No. 077123
Location Unit Letter <u>F</u> : <u>1590</u> Feet From The <u>N</u> Line and <u>1740</u> Feet From The <u>W</u> Line of Section <u>13</u> Township <u>28N</u> Range <u>9W</u> NMPM. <u>San Juan</u> 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 F	Sec. 13	Twp. 28N	Range 9W	Is gas actually connected? Yes	When
If this product 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.	
<u>Scott McKinnis</u> (Signature) Sr. Regulatory Analyst (Title) SEP 1 1985 (Date)	

OIL CONSERVATION DIVISION	
APPROVED	SEP 06 1985
BY <u>Frank J. Dwyer</u>	
TITLE	SUPERVISOR DISTRICT # 3
This form is to be filed in compliance with RULE 1104. If this is a request for a 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)									
<input type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input type="checkbox"/> Lean Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Resv.	<input type="checkbox"/> Diff. Resv.	<input type="checkbox"/>	<input type="checkbox"/>

Date Spudded		Date Driven Ready to Prod.		Total Depth		P.B.T.D.	
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Elevations (Df, RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil Gas Pay		Tubing Depth	
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Perforations							
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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 New Oil Run To Tanks				Date of Test			
Test Must Be After Recovery of Total Volume of Load and must be equal to or exceed 100% of water in this depth or be "at least 24 hours							
Producing Method For Allowable Gas Well							

Length of Test		Initial Pressure		Gas Test Pressure		Choke Size	
Actual Prod. During Test		Water/Bits		Gas/MCF			

GAS WELL							
Actual Prod Test - MCF/D		Length of Test		Bits - Condensate - MCF		Gravity of Condensate	
Testing Method (not back etc.)		Producing Formation		Casing Pressure - PSI		Choke Size	