

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION 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 Tenneco Oil Company	
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	

RECEIVED
SEP 06 1985
OIL CON. DIV
DIST. 3

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. 10	Pool Name, Including Formation Aztec-PC	Kind of Lease State, Federal or Fee USA SF	Lease No. 077123
Location Unit Letter P : 1180 Feet From The S Line and 830 Feet From The E Line of Section 13 Township 28N Range 9W NMPM San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

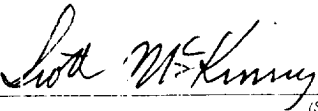
Name of Authorized Transporter of Oil or Condensate X Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240			
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas	Address (Give address to 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 P	Sec. 13	Twp 28N	Range 9W
Is gas actually connected? Yes		When		

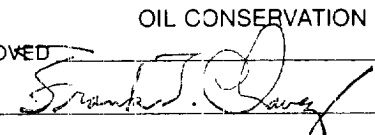
If this production is commingled with that from any other lease or pool, give commingling order number

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.


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

OIL CONSERVATION DIVISION
APPROVED
BY 
TITLE SUPERVISOR - DISTRICT 3
SEP 06 1985
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	Oil Spill		
Date Spudded													Date Cement Ready to Prod	Total Depth	P.B.T.D

Elevations (D.F., RKB, RT, GA, etc.)			Name of Producing Formation			Top of Gas Pay			Tubing Depth		
--------------------------------------	--	--	-----------------------------	--	--	----------------	--	--	--------------	--	--

Perforations												
--------------	--	--	--	--	--	--	--	--	--	--	--	--

TUBING, CASING, AND CEMENTING RECORD			Casing & Tubing Size			Depth Set			Sacks Cement		
Hole Size											

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run to Tanks			Date of Test			Producing Interval from Oil to Gas (feet)			Test must be after recovery of total volume of fluid and must be equal to or exceed 100 barrels of oil.		
Length of Test			Joint Pressure			Casing Pressure			Water Blank		
Actual Prod. During Test			Gas Blank			Gas - MCF			Choke Size		
Actual Prod. Test - MCF/D			Length of Test			Bbls. Condensate/MCF			Gravity of Condensate		
Testing Method (Post Back etc.)			Tubing Pressure Shut			Casing Pressure Shut			Choke Size		