

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
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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

RECEIVED

SEP 06 1985

Operator Tenneco Oil Company E & F WRMID		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"/> Recomplet on <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 Tapp LS	Well No. 6	Pool Name, Including Formation So. Blanco-PC	Kind of Lease State, Federal or Fee USA SF	Lease No. 078499
Location Unit Letter A : 790 Feet From The N Line and 1190 Feet From The E				
Line of Section 22 Township 28N Range 8W NMPM. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

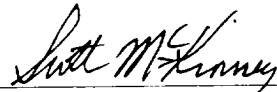
Name of Authorized Transporter of Oil or Condensate X Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent): P. O. Box 460, Hobbs, NM 88240				
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas	Address (Give address 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 A	Sec. 22	Twp. 28N	Rge. 8W	Is gas actually connected? Yes

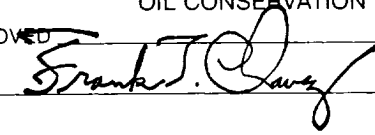
If this production is commingled with that from any other lease or pool, give commingling order number

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.


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

OIL CONSERVATION DIVISION	
APPROVED	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 well's.	

IV. COMPLETION DATA

Designate Type of Completion — (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
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Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
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Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Pay	Tubing Depth
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Perforations	Depth Casing Shoe
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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

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.
Producing Method (Flow, pump, gas lift, etc.)

Date First New Oil Run To Tanks	Date of Test
Actual Prod. During Test	Oil - Bbls
Length of Test	Tubing Pressure
	Casing Pressure
	Water - Bbls
	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	B.S. Condensate - MMCF	Gravity of Condensate
Testing Method (Plot back on)	Tubing Pressure (Surf.)	Casing Pressure (Shut-in)	Choke Size