

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
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

Operator Tenneco Oil Company E & P UNIT		<div style="text-align: center;"> RECEIVED SEP 06 1985 OIL CON. DIV. DIST. 3 </div>
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 checked="" 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 Florance C LS	Well No. 14	Pool Name, including Formation So. Blanco-PC	Kind of Lease State, Federal or Fee USA NM	Lease No. 03549
Location				
Unit Letter O	: 950	Feet From The S	Line and 1700	Feet From The E
Line of Section 19	Township 28N	Range 8W	NMPM. San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

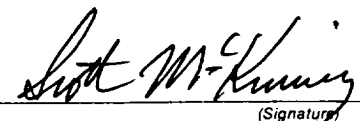
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> 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 O	Sec. 19
	Twp. 28N	Rge. 8W
	Is gas actually connected? Yes	When

If this production is commingling 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
(Title)

SEP 1 1985
(Date)

OIL CONSERVATION DIVISION

SEP 06 1985
APPROVED 
BY
TITLE
SUPERVISOR DISTRICT **3**

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

[illegible]

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

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