

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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 10-01-76
Format 06-01-83
Page 1

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Tenneco Oil Company S. C. P. H. H. B.		RECEIVED SEP 06 1985 OIL CON. DIV. DIST. 3
Address P. O. Box 3249, Englewood, CO 80155		
Reason(s) for filing (Check proper box): ☐ New Well ☐ Recompletion ☒ Change in Ownership Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☒ 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 Tapp LS	Well No. 8	Pool Name, Including Formation So. Blanco-PC	Kind of Lease State, Federal or Fee USA SF	Lease No. 078499
Location Unit Letter: C : 800 Feet From The N Line and 1840 Feet From The W Line of Section 22 Township 28N Range 8W NMPM San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

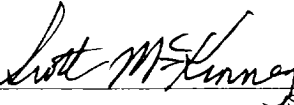
Name of Authorized Transporter of Oil or Condensate X Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent): P. O. Box 460, Hobbs, NM 88240			
Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas	Address (Give address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

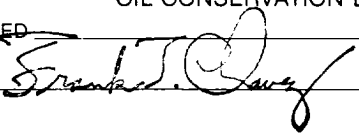
If this production is commingled with that from any other lease or pool, give commingling order number

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
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 wells.	

IV. COMPLETION DATA									
Designate Type of Completion — (X)									
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Oil Well	Gas Well	New Well	Workover	Deepen	Pug Back	Same Resv.	Same Resv.	Same Resv.	Same Resv.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (D.F., AKB, RT, GR, etc.)	Name of Producing Formation	Top Oil Gas Pay	Tubing Depth
Perforations		Depth Casing Shoe	

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	Producing Method (Flow, Pump, Gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls	Water - Bbls	Gas - MCF

GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate - MMCF	Gravity of Condensate
Testing Method (Wet, Back prod.)	Tubing Pressure (Shut in)	Casing Pressure (Shut in)	Choke Size