STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	OIL	
TRANSPORTER	GAS	
OPERATOR		
PRORATION OFFICE		

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

OPERATOR AN	ID
PROBATION OFFICE AUTHORIZATION TO TRANSPO	ORT OIL AND NATURAL GATO
l	- IN G G B n no.
Tenneco Oil Company	
P. O. Box 3249, Englewood, CO 80155	ORT OIL AND NATURAL GASD ECE VE SEP 06 1985 Other (Please explain) Other (Please explain) Other (Please explain) Other (Please explain)
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well Change in Transporter of:	DIST DIV
Recompletion Oil Dry Gas	-101. 3
Change in Ownership Casinghead Gas Condensate	Well Name
If change of ownership give name El Paso Natural Gas, P.O. I and address of previous owner	Box 4990, Farmington, NM 87499
II. DESCRIPTION OF WELL AND LEASE	ion Kind of Lease USA Lease No.
Lease Name Well No. Pool Name, Including Format	Kind of Lease VSA Lease No. State. Federal or Fee SF 078499
Tapp LS 9 So. Blanco-PC	5F 0/8499
T 1460 S	825 E
Unit Letter Feet From The	Line and Feet From The
Line of Section 8 Township 28N	Range 8W NMPM San Juan County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or CondensateX Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas	Address (Give address to which approved capy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved capy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499
Unit Sec. Twp. Rge.	Is gas actually connected? When
If well produces oil or liquids. give location of tanks. I 8 28N 8W	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.	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE	SEP 0.6 1985
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.	By Srank Java
lot mc/-	TITLE DISTRICT # 3
Sion 11 1- tinne	This form is to be filed in compliance with RULE 1104.
Sr. Regulatory Analyst	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.
SEP 1 1985	All sections of this form must be filled out completely for allowable on new and recompleted walls Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporte or other such change of condition.
(Date)	Separate Forms C-104 must be filed for each pool in multiply completed wells.

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2 Choke Size

Actual Prod. Test - MCF/D	Length of Test		: Bbls, Condensa	:6: MMCE		Gravity of Cond	9162091	
SAS WELL						-		
						!		
Actual Prod During Test	.sld8 · IiO		Water - Bbis.			Gas MCF		
Length of Test	Tubing Pressure	Ding Pressure Casing Pressure			Sand Pressure			
Date First New Oil Run To Tanks	Date of Test		Producing Method	вб гашпа гмон <u>н</u> - с	s lift. etc.)			
V. TEST DATA AND REQUES	T FOR ALLOWABLE OIL WE	פרר	ny so, aq so yidap Signa garan isa ji		DEO! TO SMULIOY!	oil sud must be eq	nai to or exceed to	D SIIOWSDIE 101 (IN
·								
								
	·							
HOLE SIZE	CASING & TUBING	CASING & TUBING SIZE			DEPTH SET SACKS CEMENT			
			D CEMENTING	3 RECORD				
Pertorations						Depth Casing 5	904	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Name of Producing Formation			Top DaiduT Ved Red No Topin O doT			
Date Spudded	Date Compl. Ready to Prod.		ritaed letoT			.d.T.8.9		
Designate Type of Completio	⊪w ⊪o (X) — uc	Gas Well	New Well	Workover	Deepen	Plug Back	v zen emeč	Diff. Res. V

Casing Pressure (Shut-in)

Tubing Presssure (Shutin)

Testing Method pilot, back pr.)

Submit 5 Copies Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICE II P.O. Drawer DD, Artesia, NM 88210

000 Rio Brazos Rd., Aztec, NM 87410	REQU	EST FO	R ALLOW	ABLE AND A	AUTHOR	IZATION				
•				IL AND NAT		AS				
Decator				Well API No.						
Amoco Production Comp	any				3004521164					
Address 1670 Broadway, P. O.	Box 800	Denve	r. Colora	do 80201						
Reason(s) for Filing (Check proper box)			,		s (Please exp	lain)				
New Well			ransporter of:	1						
Recompletion	Oil		Ory Gas) 1						
Change in Operator X			Condensate							
nd address of previous operator Ter	ineco Oil	LE&P	, 6162 S.	Willow,	Englewoo	od, Colo	rado 8	0155		
L DESCRIPTION OF WELL	AND LEA									
case Name	Į.			iding Formation	er reec)	EEDE	DAT	Lease No.		
TAPP LS _ocation	J	9 В	LANCO SOL	JTH (PICT	CLIFFS	FEDE	KAL	Sr0/	8499	
Unit LetterI	140	60 ,	est From The	SLLine	and 825	Fe	et From The	FEL	Lin	
Section 8 Townsh	ip 28N		lange8W	, NA	1PM,	SAN J	UAN		County	
II. DESIGNATION OF TRA	NSPORTE	R OF OIL	AND NAT	URAL GAS						
lame of Authorized Transporter of Oil		or Condensa		Address (Give	address to w	vhich approved	copy of this	form is to be se	ent)	
CONOCO						BLOOMFI				
lame of Authorized Transporter of Casi			r Dry Gas [🗶	- 1		vhick approved			ens)	
EL PASO NATURAL GAS CO		Sec. 1	Wp. R	e. Is gas actually		EL PASO		79/8		
ive location of tanks.						i				
this production is commingled with tha	t from any othe	er lease or po	ol, give commi	ngling order numb	ют:					
V. COMPLETION DATA		12027						le n.	by or new	
Designate Type of Completion	ı - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	i bin g m ack	Same Res'v	Diff Res'v	
ate Spudded		i. Ready to F	rod.	Total Depth	·		P.B.T.D.	1		
	_ 						ļ			
levations (DF, RKB, RT, GR, etc.)	Name of Pr	oducing Fort	nation	Top Oil/Gas I	Top Oil/Gas Pay Tubing Depth					
'erforations	.L						Depth Casi	ng Shoe		
1							<u> </u>			
	T	UBING, C	CASING AN	D CEMENTIN						
HOLE SIZE	CAS	SING & TUE	ING SIZE	_	DEPTH SE	<u> </u>		SACKS CEM	ENT	
. TEST DATA AND REQUI										
OIL WELL (Test must be after	- 1		load oil and m			llowable for this		for full 24 hou	vs.)	
Date First New Oil Run To Tank	Date of Tes	ı		r roducing wie	alou (7 1014, p	way, goo iyi, t				
ength of Test	Tubing Pres	sure		Casing Pressu	Casing Pressure			Choke Size		
								Gas- MCF		
Actual Prod. During Test	Oil - Bbls.		Water - Hbls.	Water - Bbls.			Gas- MCF			
	1						J			
GAS WELL Actual Frod. Test - MCF/D	Length of T	est		Bbls. Conden	sale/MMCF		Gravity of	Condensate		
		and the same			i i					
isting Method (pitot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressu	Casing Pressure (Shut-in)		Choke Size				
				_			1			
I. OPERATOR CERTIFIC				(NSERV.	ATION	DIVISIO	NC	
I hereby certify that the rules and regi- Division have been complied with an					00					
is true and complete to the best of my			-	Date	Approve	ed	MAY (18 1000		
111	1			Dale	, 1pp1041	<u> </u>		1	,	
y. f. Slan	ylan	<u>/</u>		By_		ے اِ	<i>~</i> , , ,	Thomp		
Signature J. L. Hampton S	r. Staff	Admin	Sunry			SUPE	RVISION	DISTRIC	T # 3	
Printed Name	a.aVLQLA	1	l'itle -	Title						
Janaury 16, 1989			30-5025							
Date		I clepl	none No.	!						

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.