

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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

**OIL CON. DIV.
DIST. 3**

Operator
Tenneco Oil Company
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 Russell LS	Well No. 11	Pool Name, Including Formation So. Blanco-PC	Kind of Lease State, Federal or Fee USA NM	Lease No. 013860-A
Location Unit Letter B : 1090 Feet From The N Line and 1650 Feet From The E Line of Section 25 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 B	Sec. 25
	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.

Steve McKinn
(Signature)

Sr. Regulatory Analyst

SEP 1 1985

(Date)

OIL CONSERVATION DIVISION

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

Date Spudded		Date Compl. Ready to Prod		Total Depth		P.B.T.D.		Tubing Depth	
Designate Type of Completion — (X)									
Oil Well		Gas Well		New Well		Workover		Deepen	
Plug Back		Stems Resv.		Diff. Resv.					

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 total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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			

GAS WELL

Actual Prod Test - MCF/D				Length of Test				Bbls. Condensate/MMCF			
Testing Method (pilot, back pr.)				Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)			
								Choke Size			