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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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OIL CONSERVATION DIVISION  
P.O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-73  
Format 06-01-80  
Page 1

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Tenneco Oil Company <del>E &amp; F LPMD</del>		RECEIVED SEP 06 1985 OIL CON. DIV DIST 3
Address P. O. Box 3249, Englewood, CO 80155		
Reason(s) for filing (Check proper box)	Other (Please explain)	
<input type="checkbox"/> New Well	Change in Transporter of:	Well Name
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Change in Ownership	<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 Warren LS	Well No. 1 A	Pool Name, Including Formation Blanco-MV	Kind of Lease State, Federal or Fee USA SF	Lease No. 077123
Location				
Unit Letter J	: 1850	Feet From The S	Line and 1850	Feet From The E
Line of Section 13	Township 28N	Range 9W	NMPM, San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

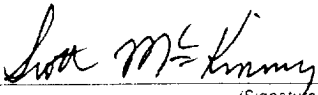
Name of Authorized Transporter of Oil or Condensate <input checked="" type="checkbox"/>	Address Give address to which approved copy of this form is to be sent: P. O. Box 460, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas or Dry Gas <input checked="" type="checkbox"/>	Address Give 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 J	Sec 13	Twp. 28N	Rge. 9W	Is gas actually connected? Yes	When

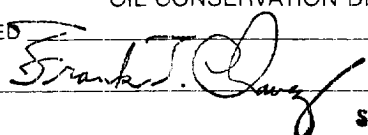
If this production is commingled with that from any other lease or pool, give commingling order number

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  
(Signature)  
SEP 1 1985  
(Date)

OIL CONSERVATION DIVISION  
APPROVED   
BY  
TITLE  
SEP 06 1985  
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

Designate Type of Completion — (X)		Oil Well	Gas Well	New Well	Workover	Reopen	Plug Back	Same Res.	Dr. Res.
Date Spudded		Date Comm. Ready to Prod.		Total Depth		PBTD			

Elevations: D.F., RKB, RT, GR, etc.	Measure of Producing Formation	Top Oil Gas Pay	Tubing Depth	Perforations
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TUBING, CASING, AND CEMENTING RECORD		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
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V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Flow To Tanks	Date of Test	Producing Method From Pump, gas, etc.	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	Actual Prod. During Test	Bois	Water, BOB	Gas, MCF
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GAS WELL		Actual Prod. Test, MCF/D	Bois	Water, BOB	Gas, MCF	Gravity of Condensate	Actual Prod. Test, MCF/D	Bois	Water, BOB	Gas, MCF
Testing Method: Shut-in		Casing Pressure, Shut-in	Choke Size	Testing Method: Shut-in	Casing Pressure, Shut-in	Choke Size	Testing Method: Shut-in	Casing Pressure, Shut-in	Choke Size	Testing Method: Shut-in