	14.0		
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.S.		<u> </u>	L
LAND OFFICE			<u> </u>
TRANSPORTER	OIL		<u> </u>
	GAS	1	<u> </u>
OPERATOR			
			T

			•
		SERVATION COMMISSION	Form C+104
DISTRIBUTION	NEW MEXICO DIL CONS	R ALLOWABLE	Supersedes Old C-104 and C- Etioctive 1-1-65
NTA FE	•	ND	Filecitae 1-1-02
ILE.	A	PORT OIL AND NATIONAL GAS	5
s.c.s.	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS	
AND OFFICE			
OIL			
RANSPORTER GAS			
PERATOR PRICE			
Tenneco ()il Company			
P. O. Box 3249, Engl	ewood, CO 80155		
P. O. Box 3249, Eligi		Other (Please explain)	
rason(s) for filing (Check proper box)	Change in Transporter of:		
•• We!I	They Gos		
ecompletion	Oil Casinghead Gas Condensa		
hange in Ownership	Casinduean Gos [7]		
change of ownership give name			
d address of previous owner			
ESCRIPTION OF WELL AND I	EASE	mation Kind of Lease	Lease N
ease Name	1	State, Federal	er Fee Federal NM 012202
Bolack E	1 Basin Dakota		
		1000	West
ocetion i Tr 16	40 Feet From The South Line	and 1080 Feet From T	ne
Unit Letter 2 : 16		_	Coun.
	mehin 28N Range	8W , NMPM. San J	uali
Line of Section 33 Tov	mship Z8N Hange		
	TOD OF OUT AND NATURAL GAS	5	ed com of this form is to be sent)
ESIGNATION OF TRANSPOR	OF CONDENSATE AND NATURAL GAS	Andress (Give address to which approx	DOCAD
Nome of Authorized Transporter of Dis			EX1CO 8824U
CONOCO		Address (Give address to which appro-	vea copy b) since joint to
Name of Authorized, Transporter of Ca	singhedd Gas Gr 5.7 Gas MA	Box 990, Farmington, I	New Mexico 87401
El Paso Natural Gas	TRee	Is gas actually connected? Wh	en
	Unit Sec.	<u> </u>	ASAP
If well produces oil or liquids, give location of tanks.	I 33 28N 8W	No	•
Designate Type of Completi	Date Compl. Ready to Prod.	Total Depth	P.B.T.D. 6870'
Date Spudded	3/16/81	6882	Tubing Depth
1/16/81 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	6684'
1	Dakota	6684'	Depth Casing Shoe
6042' gr.			
Perforations 6696-6702	, 6767-71', 6782-88', 67	98-6804', 6838-44'	
6684-90-, 6696-6702	TUBING, CASING, AN		SACKS CEMENT
	CASING & TUBING SIZE	DEPINSE	
HOLE SIZE	9-5/8" 36#	268'	225 sx
12-1/4"	7" 23#	3500'	550 sx
8-3/4"	4-1/4" 10.5#	6882	400 sx
6-1/4"		668	4.
		to accompany of social volume of load of	il and maring held so oscess to
TEST DATA AND REQUEST	FOR ALLOWABLE (7 est must be able for this	depth or be for full 24 hours)	Last Hillian
ATT WETT	Date of Test	Producing Method (Flow, pump, gas	Lunated ALVI
Date First New Oil Run To Tanks	Date of tee.		11601 2 51-2
		Casing Pressure	1981 1981
Length of Test	Tubing Pressure		COMP
		Wister - Bbls.	GARAGE COM.
Actual Prod. During Test	OII-Bble.		DIST. 3
<u> </u>			
-45 *******		Bbis. Condensate/MMCF	Gravity of Condensate
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bois. Columnia,	Appendix 200
L.	3 hrs.	Casing Pressure (Shat-in)	Choke Size
1215 Testing Method (publ. back pr.)	Tubing Presewe (Shut-in)		3/4"
	2035 PSI	2035 PSI	EVATION COMMISSION
Back pressure		OIL CONSEP	0 et 1001
I. CERTIFICATE OF COMPLI	ANLE	II MAR	271981
	tu - Oil Conservati	APPROVED Signed by	RANK T. CHAVEZ
I hereby certify that the rules i	and regulations of the Oil Conservati	en Driging Signed by	
Commission have complete to the best of my knowledge and server above is true and complete to the best of my knowledge and server serve		el. BY	EDIOT (L.A.
		TITLE	SUPERVISOR DISTRICT # 3
\wedge		H	in compliance with RULE 1104
/ / / / /	1-11	This form is to be filed	sliowable for a newly drilled or a newly drilled or a newly drilled or a newly drilled or the newletton of the
		11 t. a company for	
I I i Van 1	/allim	If this is a request to	ompanied by a tabulation of the
liney /	Mallon (Signature)	well, this form must be	sllowable for a newly printed of the companied by a tabulation of the accordance with RULE 111. = must be filled out completely for the completel

Administrative Manager

division_

1981

(Title)

(Date)

Assistant

March

19,

All sections of this form must be filled out completely for allo able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of own rell name or number, or transporter, or other such change of conditional parts of the change of conditions.

Separate Forms C-10¢ must be filed for each pool in multip