		-
DISTRIBUTIO	>K	↓_
SANTA FE		L
FILE		L
U.S.G.S.		1
LAND OFFICE		1
TRANSPORTER	DIL	L
INAMERONIEN	GAS	L
OPERATOR		L
PRORATION OF	ICE !	

1	DISTRIBUTION	NEW MEXICO DIL CO	DISERVATION COMMISSION	Form C -104 Supersedes Old C-204 and C-			
I	SANTA FE	REQUEST F	FOR ALLOWABLE	Effective 1-1-65			
	FILE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS					
- 1	LAND OFFICE						
	TRANSPORTER GAS						
	OPERATOR						
1.	PROPATION OFFICE						
	Operator						
Tenneco Oil Company							
D O Box 3249, Englewood, OC 80155							
	Reason(s) for filing (Check proper box)	) for f-ling (Check proper box)					
	Now Well	Change in Transporter of: -					
	Recompletion	Otil Dry Ge					
	Change in Ownership Casinghead Gas Condensate						
	If change of ownership give name						
and address of previous owner							
II.	DESCRIPTION OF WELL AND L	Well No. Pool Name, Including F	ormation Kind of Lease	1			
	Lesse Name	lm Blanco Mesaver	(Sime Federal	Federal SF 078480			
	Dawson redefat						
	N . 790 Feet From The South Line and 1520' Feet From The West						
	Unit Letter:			County			
	Line of Section 26 Tow	mahip 27N Range	8W , NUPM, San Ji	lan Cashir			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
	Name of Authorized Transporter of Cit	or Condensate X	Box 460 Hobbs New Me	exico 88240			
	Conoco	singhead Gas ar Dry Gas X	: Address (Give address to which approx	ved copy of this form is to be sent)			
	Name of Authorized Transporter of Cas	linghead Cas C z., Coo M	Box 990, Farmington,				
	El Paso Natural Gas	Unit Sec. Twp. P.ge.	Is gas actually connected? Who	en			
	If well produces oil or liquids,	CHAIL COLL	No	ASAP			
	give location of tanks.			•			
	If this production is commingled wit	th that from any other lease or pool.	. Rive commingg	Paus Book Same Resty, Diff. Rest			
IV	. COMPLETION DATA	Oil well Gas well	New Well Workover Deepen	Plug Back   Same Res. C. Dill. Res.			
	Designate Type of Completic	on – (X)	<u> </u>	I P.B.T.D.			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth				
	3/13/81	4/24/81	7362	7360 1			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay	5120			
	6712' gr.	Mesaverde	5117'	Depth Casing Snoe			
	Perforations	5157 61! 5177!80!		.="			
5117-28', 5137=41', 5157-61', 5177'80'  TUBING, CASING, AND CEMENTING RECORD							
		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	HOLE SIZE	9-5/8" 36#	328 4	225 sx			
	12-1/4" 8-3/4"	7" 23#	5493'	1st: 450sx. 2nd: 550sx			
	6-1/4"	4-1/2" 10.5, 11.	.6# 7362'	300 sx			
	0-1/4	10.2/01	5120	-1			
to of excess top at							
OIL WELL							
	Date First New Cil Run To Tarks Date of 1991						
			Cosing Pressure	Chore Size			
	Length of Test	Tubing Pressure		1981 i			
		Ou-Baie.	Water - Bbis.	West-MEF CONS.			
	Actual Pred. During Test	Ch-2015		OL CON. COM.			
				DIST. 3			
	CACUTI			Cuerly of Concensate			
	Actual Prod. Test-MCF/D	Length of Tool	Bbis. Condensate/MMCF	Cravity S. Commons			
	2470	3 hrs.	Casing Pressure (Shat-12)	Choke Size			
	Testing Method (pulot, back pr.)	Tubing Pressure (Shot-18)		3/4"			
	Back Pressure	920 PSI	980 PSI	ATION COMMISSION			
VI. CERTIFICATE OF COMPLIANCE		NCE	DIL CONSERV	SEP 25 1981			
•				3EF 24 1301			
	I hereby certify that the rules and	d regulations of the Oil Conservation with and that the information give	on []	APPROVED			
I hereby certify that the rules and regulations of the information given Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			Original Signed by F	Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT 第3			
			TITLE				
		+		This form is to be filed in compliance with RULE vive.			
	1 'aster Me	Merro	If this is a request for all	If this is a request for allowable for a newly drilled or deepen if this is a request for allowable for a newly drilled or deepen well, this form must be accompanied by a tabulation of the deviational this accompanies with RULE 111.			
		gnarure)	well, this form must be accom- tests taken on the well in ac-	cordance with RULE 111.			
	Assistant Division Ad	dministrative Manager	All sections of this form	must be filled but completely to			
	APR 2 9 1981	Title)		able on new and recompleted water			
		(Date)					
		(Date)	Separate Forms C-10/ E	was be filed for each pool in mulus			
			·				