

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

OIL CONSERVATION DIVISION
P.O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | | | |
|------------------------|-----|--|--|
| NO. OF COPIES RECEIVED | | | |
| DISTRIBUTION | | | |
| SANTA FE | | | |
| FILE | | | |
| U.S.G.S. | | | |
| LAND OFFICE | | | |
| TRANSPORTER | OIL | | |
| | GAS | | |
| OPERATOR | | | |
| PRORATION OFFICE | | | |

RECEIVED

SEP 06 1985

OIL CON. DIV
DIST. 3

| | |
|---|---|
| Operator Tenneco Oil Company E & P UNIT | |
| Address P. O. Box 3249, Englewood, CO 80155 | |
| Reason(s) for filing (Check proper box) | Other (Please explain) |
| <input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership | Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate 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 Florance C LS | Well No. 6 A | Pool Name, Including Formation Blanco-MV | Kind of Lease State, Federal or Fee USA NM | Lease No. 03549 |
| Location | | | | |
| Unit Letter C | : 820 | Feet From The N | Line and 1600 | Feet From The W |
| Line of Section 30 | 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 C | Sec. 30 | Twp. 28N | Rge. 8W | 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.

Scott McKinney
(Signature)

Sr. Regulatory Analyst

SEP 1 1985

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

Frank J. Quay

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

| | | | | | | | | | | |
|--------------------------------------|--|----------------------------|----------------------|----------|------------------------------------|-----------|-----------------------------|-----------------|--------------|-------------------|
| Date Spudded | | Date Compl. Ready to Prod. | Total Depth | P.B.T.D. | Elevations (DF, RKB, RT, GR, etc.) | | Name of Producing Formation | Top Oil/Gas Pay | Tubing Depth | Perforations |
| Designate Type of Completion — (X) | | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Resv. | Diff. Resv. | Depth Casing Shoe |
| 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 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 | Choke Size | Actual Prod. During Test | Oil - Bbls | Water - Bbls | Gas - MCF |
| | | | | | | | | | | |

GAS WELL

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