

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-11  
Effective 1-1-85

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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

Operator Tenneco Oil Company	
Address P. O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Bolack B	Well No. 8E	Pool Name, Including Formation Basin Dakota	Kind of Lease USA State, Federal or Fee NM	Lease No. 012202
Location Unit Letter <u>B</u> ; <u>1000</u> Feet From The <u>North</u> Line and <u>1450</u> Feet From The <u>East</u>				
Line of Section <u>33</u> Township <u>T28N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> 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 <u>B</u> Sec. <u>33</u> Twp. <u>28N</u> Rge. <u>8W</u>
	Is gas actually connected? <u>No</u> When <u>ASAP</u>

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 10-10-84	Date Compl. Ready to Prod. 12-31-84	Total Depth 6660' KB	P.B.T.D. 6649' KB					
Elevations (DF, RKB, RT, GR, etc.) 5797' KB	Name of Producing Formation Dakota	Top Oil/Gas Pay 6486' KB	Tubing Depth 6547' KB					
Perforations <u>2 JSPF 46', 92 holes</u> <u>6486'-6500', 6533'-37', 6588'-98', 6614'-6632' Dakota</u>			Depth Casing Shoe 6657' KB					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12 1/4"	9 5/8" csg	278 251' KB	200 SX 236 CF					
8 3/4"	7" csg	3440' KB	450 SX 729CF					
6 1/4"	4 1/2" liner csg	3297'-6657' KB	378 SX 635CF					
--	2 3/8" tbg	6547' KB						

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

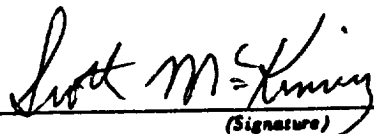
OIL CON. DIV.

GAS WELL

Actual Prod. Test-MCF/D 1255	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back pressure	Tubing Pressure (shut-in) 2125	Casing Pressure (shut-in) 2105	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.



Sr. Regulatory Analyst

(Title)

January 11, 1985

(Date)

OIL CONSERVATION COMMISSION  
2-15-85  
APPROVED FEB 15 1985

Original Signed by FRANK T. CHAVEZ

BY SUPERVISOR DISTRICT # 3

TITLE

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 Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.