

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRORATION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

FEB 10 1986
OIL CON. DIV.
DIST. 3

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

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Dryden LS	Well No. 1A	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee USA NM	Lease No. 012200
Location Unit Letter <u>I</u> : <u>2300</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>East</u> Line of Section <u>28</u> Township <u>28N</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 87401					
If well produces oil or liquids, give location of tanks.	Unit I	Sec. 28	Twp. 28N	Rge. 8W	Is gas actually connected? No	When ASAP

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.

Ann Jolliver
(Signature)
Administrative Operations
(Title)
January 31, 1986
(Date)

OIL CONSERVATION DIVISION
APPROVED FEB 18 1986
BY Original Signed by FRANK T. CHAVEZ
TITLE 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	X	Gas Well	X	New Well	X	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.v.
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Date Spudded	10-4-85	Elevations (D.F., AKB, RT, GR, etc.)	5834' GR	Name of Producing Formation	Mesaverde	Top Oil/Gas Pay	3880' KB	Tubing Depth	4549' KB	Depth Casing Shoe	4853' KB
Date Compl. Ready to Prod.	1-13-86	Total Depth	4855' KB	P.B.T.D.	4811' KB						

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4	9-5/8" csg	307' KB	225 SX (251CF)
8-3/4	7" csg	3604' KB	460 SX (447CF)
6-1/4	4-1/2" liner csg	3422'-4853' KB	180 SX (265CF)
--	2-3/8" tbg	4549' 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.
		Gas - MCF
		Choke Size

GAS WELL

Actual Prod Test - MCF/D	3868	Testing Method (pilot, back pr)	Back Pressure
Length of Test	3 hrs	Tubing Pressure (Shut-in)	705 psi
Bbls. Condensate/MMCF		Casing Pressure (Shut-in)	PKr
Gravity of Condensate		Choke Size	3/4

*PERFORATIONS

2 JSPF 53' 105 holes	3880-96'	4190-98'	2 JSPF 30' 60 holes	4450-54'	4570-4785' KB
	3960-64'	4203-06'		4461-82'	
	4130-36'	4248-52'		4485-90' KB	
	4186-88'	4402-12' KB			