STATE OF NEW MEXICO **ENERGY AND MINERALS DEPARTMENT**

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OIL CONSERVATION DIVISION
P.O. BOX 2088
P.O. BOX 2088
DIV.

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

REQUEST FOR ALLOWABLE AND HODIZATION TO TRANSPORT OIL AND NATIFAL GAS

AUTHORIZATION TO TRANS	FORT OIL AND NATOTIAL GAS	
Tenneco Oil Company		
P. O. Box 3249, Englewood, CO 80155		
Reason(s) for filling (Check proper box)	Other (Please explain)	
Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate		
Change in Ownership Sashinghood das		
If change of ownership give name		
and address of previous owner		
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, Including Form	nation Kind of Lease USA Lease No.	
Florance LS 4A Otero Chaci		
Location		
Unit Letter D: 1230 Feet From The No	orth Line and 865 Feet From The West	
Office Editor		
Line of Section 18 Township 27 N	Range 8W , NMPM, San Juan county	
Name of Authorized Transporter of Oil or Condensate CX Conoco, Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas Unit Sec. Twp. Rge.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 88499 Is gas actually connected? When	
If well produces oil or liquids, D 18 27N 8W give location of tanks.	No 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	OIL CONSERVATION DIVISION 22 1986	
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	APPROVED	
with and that the information given is true and complete to the best of my knowledge and bond.	Original Signed by FRANK T. CHAVEZ	
	TITLE SOURENVISOR DISTRICT IN S	
\wedge \wedge \wedge \wedge \wedge \wedge \wedge	TITLE	
Un Island	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 or panied by a tabulation of the deviation tests taken on the well in accordance with F All sections of this form must be filled out completely for allowable on new and rec Fill out only Section I, II, III, and VI for changes of owner, well name and or number or other such change of condition.		
(Date)	Separate Forms C-104 must be filed for each pool in multiply completed wells.	

			550-52 510-18 505-09 505-89 529-28	35 35 36
səloq	84	24.	JSPF,	2
	S	uo L:	s r T O r a t	٦,

3/4	18d 004		
· · · · · · · · · · · · · · · · · · ·	izg OST	ř≥q QE√	Back Pressure
Choke Size	Casing Pressure (Shut-in) Choke Size		ssting Method (pilot, back pt.)
		3 hrs	1721 mcf/d
Gravity of Condensate	Bbls: Condensate/MMCF	Length of Test	ctual Prod. Test - MCF/D
			AS WELL
G92 - MCF	Water - Bbls.	.eda . iio	ctusi Prod. During Test
Size Size	Casing Pressure	enezeng gniduT	teaT to ritigna
	Producing Method (Flow, pump, gas lift, etc.)	Date of Test	eate First New Oil Run To Tanks
t yot eldawolls got becoxe to of laupe ed tzum bins lio bi	(Test must be after recovery of total volume of loa depth or be for full 24 hours)	A ALLOWABLE OIL WELL	TEST DATA AND REQUEST FO
	3193,KB	1-1/4" tbg	
3002X (42ICE)	4735'KB	4-1/2" liner csg	"t/I-9
4402X (692CF)	3204 i KB	Z" csg	8-3/4"
2505X (292CF)	5391 KB	3- 5/8" csg	12-1/4"
SACKS CEMENT	DEPTH SET	CASING & TUBING SIZE	HOFE SIZE
	AD CEMENTING RECORD	TUBING, CASING, AI	
4732, KB			erforations See Below
33951KB	3022,KB	Сраста	9028, CF
Tubing Depth	Top Oil/Gas Pay	Name of Producing Formation	evations (DF, RKB, RT, GR, etc.) COEO I OI
4736'KB 4729'KB		98/9/8	1/14/86
.Q.T.8.9	ntqed letoT	Date Compl. Ready to Prod.	beboude etel
Plug Back Same Res'v. Diff. Res.v	New Well Workover Deepen	X	— noiselgmate Type of Completion
			AIAU NOTI EL TIMOO ;

IV. COMPLETION DATA

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

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

Form C-104 MAR 1 4 1986

REQUEST FOR ALLOWABLE AND

OIL CON. DIV.

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Operator				
Tenneco Oil Company				
Address				
P. O. Box 3249, Englewood	, CO 80155			
Reason(s) for filing (Check proper box)		Other (Please exp	olain)	
New Well Change in Transporter of:	_			
Recompletion Oil	Dry Gas			
Change in Ownership Casinghead Gas	Condensate			
If change of ownership give name				
and address of previous owner				
II DECODITION OF WELL AND LEASE				
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No.	Pool Name, Including Forma	tion	Kind of Lease State Federal or Fee	
	Blanco Me	cayondo	State, Federal or Fee NM 03380	
Florance LS 4A	Dianco me	Saver de	70.7	
- 4000	No	rth Line and	865 Feet From The West	
Unit Letter D : : 1230	Feet From TheNO	rtn Line and	Feet From The	
10	27N	Range 8W	, NMPM, San Juanco	
Line of Section 18 Township	27N	Range 8W	, IMMENA, SAIT GARTI	
	AND MATHDAL CAC		•	
III. DESIGNATION OF TRANSPORTER OF OIL	AND NATURAL GAS	Address (Give address to whice	h approved copy of this form is to be sent)	
Name of Adulticized Hamsporter of the Control of th				
Conoco Inc. Surface Transportation P. 0. Box 460, Hobbs, NM 88240 Name of Authorized Transporter of Casinghead Gas □ or Dry Gas Address (Give address to which approved copy of this form is to be sent)				
I D D D. ADDO Farmanatan NM UU/IUU				
El Paso Natural Gas		Is gas actually connected?	When	
Unit Sec		· -	· · · · · · · · · · · · · · · · · · ·	
If well produces oil or liquids, give location of tanks.	18 27N 8W	No	ASAP	
If this production is commingled with that from any other lease or poo	ol, 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.
any Tollier
(Signature)
Administrative Operations
(Title)
March 10, 1986
(Date)

	OIL CONSERVATION DIVISION 19 1986
APPROVED	;1g;
BY	Original Signed by FRANK T. CHAVEZ
TITLE	SUPERVISOR DISTRICT # 9
This form is to be fil	ed in compliance with RULE 1104.
If this is a request for panied by a tabulation	or allowable for a newly drilled or deepened well, this form must be accom- of the deviation tests taken on the well in accordance with RULE 111.
All sections of this fo	orm must be filled out completely for allowable on new and recompleted walls.
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

Form C-104 Revised 10-01-78 Format 06-01-83 Page 2

± /c			
3/4	DKr	izg S8A	Back pressure
Choke Size	Casing Pressure (Shut-in)	(ni-tude) enesseng gniduT	Testing Method (pilot, back pr.)
		syń £	1949
Gravity of Condensate	Bbls. Condensate/MMCF	Length of Test	Actual Prod. Test - MCF/D
			GAS WELL
Gas - MCF	Water - Bbls.	Oil - Bbls.	Actual Prod. During Test
			2 7 3 7 7 3 7 7 7
Choke Size	Casing Pressure	Tubing Pressure	Length of Test
			777
	Producing Method (Flow, pump, gas lift, etc.)	Date of Test	Date First New Oil Run To Tanks
sint not be equal to or exceed top allowable for this	depth or be for full 24 hours)		V. TEST DATA AND REQUEST FOR
	is been to consider the set issue is the set issue is all		
	4246,KB	S-3/8" tbg	
3002X (4PICF)	4735 KB		t /T-9
440SX (692CF)	3294,KB	7" csg 4-1/2" liner csg	
S202X (S3SCE)	536 i KB	6-5/8" csg	12-1/4"
SACKS CEMENT	T38 HT430	CASING & TUBING SIZE	HOLE SIZE
	ID CEMENTING RECORD	TUBING, CASING, AN	
4735 KB			See Below
Depth Casing Shoe			Perforations
4246,KB	d39d1KB	Mesaverde	79,8509
Tubing Depth	Top Oil/Gas Pay	Name of Producing Formation	Elevations (DF, RKB, RT, GR, etc.)
4729'KB	47361KB	98/9/8	1/14/86
Q.T.89	Total Depth	Date Compl. Ready to Prod.	bebbud2 etsG
	! X !	Y	
Plug Back Same Res'v Diff. Res'v	New Well Workover Deepen	(X) Oil Well Gas Well	Designate Type of Completion —
	· · · · · · · · · · · · · · · · · · ·		

Perforations

4472-77 4462-68 4405-30 4405-30 4533-36 4533-36 4533-36 4533-36 4533-36

181-9191