

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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

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DEC 19 1985
OIL CON. DIV.
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I.

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"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name McCulley LS	Well No. 5M	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee USA NM	Lease No. 04208
Location				
Unit Letter D	: 1285	Feet From The North	Line and 1260	Feet From The West
Line of Section 24	Township 28N	Range 9W	NMPM, San Juan	County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

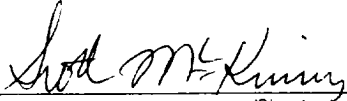
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Surface Transportation	P. O. Box 460, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P. O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	D 24 28N 9W No ASAP

If this production is commingling 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.


(Signature)
Senior Regulatory Analyst
(Title)
12/16/85
(Date)

OIL CONSERVATION DIVISION

JAN 15 1986
APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
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	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.v.
			X	X					

Date Spudded	9/26/85	Date Compl. Ready to Prod.	12/2/85	Total Depth	7000' KB	P.B.T.D.	6982' KB
Elevations (D.F., AKB, RT, GR, etc.)	6141' GL	Name of Producing Formation	Mesaverde	Top Oil/Gas Pay	4448' KB	Tubing Depth	4874' KB
Perforations	2 JSPF 94', 188 holes; 4506-22', 4582-85', 4704-31, 4772-78', 4882-86', 4448-59', 4462-66', 4490-92', 4525-28', 4645-50', 4740-46'	TUBING, CASING, AND CEMENTING RECORD					
	4810-17'	CASING & TUBING SIZE					
HOLE SIZE	12 1/4"	DEPTH SET					
	12 1/4"	SACKS CEMENT					
	9 5/8" csq						
	307' KB						
	250 SX, 288 CF						
	8 3/4"						
	7" csq						
	4 1/2" csq liner						
	5050'-6987' KB						
	225 SX, 348 CF						
	4874' 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	Water - Bbls.	Gas - MCF
Actual Prod During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF				

Actual Prod. Test - MCF/D	4310	Length of Test	3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate	Choke Size	3/4"
Testing Method (pilot, back pr.)	back pressure	Tubing Pressure (Shut-in)	790	Casing Pressure (Shut-in)	925	Choke Size	3/4"

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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

OIL CON. DIV.
DIST. 2

I.

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 McCulley LS	Well No. 5 M	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee USA SF	Lease No. 04208
Location				
Unit Letter D	: 1285'	Feet From The North	Line and 1260'	Feet From The West
Line of Section 24	Township 28N	Range 9W	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 D	Sec. 24	Twp. 28N	Rge. 9W	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.

Scott McKinney

(Signature)

Senior Regulatory Analyst

(Title)

12/16/85

(Date)

OIL CONSERVATION DIVISION JAN 15 1986

APPROVED _____
BY _____
TITLE _____ SUPERVISOR DISTRICT # 2

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.

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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	Gas Well	XX	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
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Date Spudded	9/26/85	Date Compl. Ready to Prod.	12/2/85	Total Depth	7000' KB	P.B.T.D.	6982' KB
Elevations (D.F., R.K.B., RT., G.R., etc.)	6141' GL	Name of Producing Formation	Dakota	Top Oil/Gas Pay	6798' KB	Tubing Depth	6987' KB
Perforations	2 JSPF 36', 72 holes	6798-6802', 6826-6858', KB					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	9 5/8" csg	307' KB	250 SX, 288 CF
8 3/4"	7" csg	5252' KB	794 SX, 1309 CF
6 1/4"	4 1/2" csg liner	5050-6987' KB	225 SX, 348 CF
	tbq 2 3/8"	6887' 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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	1564	3 hrs		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	Back pressure	1555		3/4"