

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
Page 1

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FILE		
U.S.O.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

REQUEST FOR ALLOWABLE
AND
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 explain)
☒ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Daum LS	Well No. 5-M	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee USA SF	Lease No. 078329
Location Unit Letter <u>0</u> : <u>790</u> Feet From The <u>South</u> Line and <u>1450</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>28N</u> Range <u>9W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

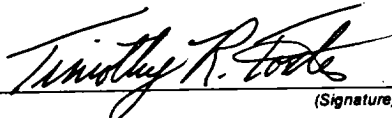
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 460, Hobbs, NM 88240	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ El Paso Natural Gas Company	Address (Give address to which approved 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 0	Sec. 32
	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.


(Signature)
Sr. Administrative Analyst
(Title)
4/9/86
(Date)

OIL CONSERVATION DIVISION MAY - 1 1986
APPROVED _____, 19____
BY Original Signed by FRANK T. CHAVEZ
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 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.
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Date Spudded	12/21/85	Date Compl. Ready to Prod.	3/18/86	Total Depth	7520'	P.B.T.D.	7472'
Elevations (D.F., RKB, RT, GR, etc.)	6884' (GL)	Name of Producing Formation	Mesaverde	Top Oil/Gas Pay	5184	Tubing Depth	5481'
Perforations	See Below						

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17 1/2"	13 3/8"	309'	375
12 1/2"	9 5/8"	3399'	1280
8 3/4"	7" liner	3258-5728'	425
6 1/8"	4 1/2" liner	5642-7517'	285
--	2 3/8"	5481'	--

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	1874	3 hrs.	0	--
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	Back Pressure	543 psi	620 psi	3/4"

PERFORATIONS

5184-88'	5231-34'	5411-13'	5481-83'	5277-79'	5503-06'	5287-96'	5304-06'	5548-50'	5308-14'	5364-66'
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(A11 1 JSPF)

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ENERGY AND MINERALS DEPARTMENT

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DIST. 3

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AND
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and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

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Location Unit Letter <u>0</u> : <u>790</u> Feet From The <u>South</u> Line and <u>1450</u> Feet From The <u>East</u> Line of Section <u>32</u> Township <u>28N</u> Range <u>9W</u> , NMPM, San Juan County				

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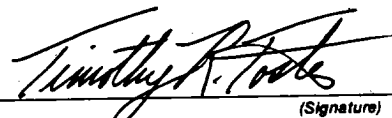
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NOTE: Complete Parts IV and V on reverse side if necessary.

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)
Sr. Administrative Analyst
(Title)
April 9, 1986
(Date)

OIL CONSERVATION DIVISION
APPROVED _____ MAY - 1 1986
BY _____ Original Signed by FRANK T. CHAVEZ
SUPERVISOR DISTRICT # 3
TITLE _____

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Designate Type of Completion — (X)		Oil Well	Gas Well	X	New Well	Workover	Deepen	Plug Back	Same Res'y.	Diff. Res'y.	
Date Spudded	12/21/85	Date Compl. Ready to Prod.	3/18/86	Total Depth	7520'	P.B.T.D.	7472'	Tubing Depth	7398'	Depth Casing Shoe	7517'
Elevations (D.F., R.K.B., RT, GR, etc.)	6884' (GL)	Name of Producing Formation	Dakota	Top Oil/Gas Pay	7296'		7398'				
Perforations	See Below	TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT							
17 3/4"	13 3/8"	309'	375								
12 1/2"	9 5/8"	3399'	1280								
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V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

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
652	3 hrs.	0	--
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	1166	0	3/4"

PERFORATIONS

7296-7302'
7322-26'
7363-90'
7433-36'
7444-49'
7460-67'
(A11 2 JSPT)