STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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APR 18 1986
OIL CON. DIV.
DIST. 3

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

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)*

[X] New Well
[ ] Recompletion
[ ] Change in Ownership

Change in Transporter of:
[ ] Oil
[ ] Casinghead Gas
[ ] Dry Gas
[ ] Condensate

Other *(Please explain)*

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Daum LS	5-M	Blanco Mesaverde	USA SF	078329

Location
Unit Letter O : 790 Feet From The South Line and 1450 Feet From The East

Line of Section 32 Township 28N Range 9W , NMPM. San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate [X]
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	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	32	28N	9W	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

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.

Timothy R. Cook
(Signature)

Sr. Administrative Analyst
(Title)

4/9/86
(Date)

OIL CONSERVATION DIVISION
APPROVED MAY - 1 1986, 19____

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 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

Designate Type of Completion — (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res.'v
		X						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
12/21/85	3/18/86	7520'	7472'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6884' (GL)	Mesaverde	5184	5481
Perforations			**Depth Casing Shoe**
See Below			7517'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½"	13 3/8"	309'	375
12¼"	9 5/8"	3399'	1280
8 3/4"	7" liner	3258-5728'	425
6 1/8"	4½" liner	5642-7517'	285
--	2 3/8"	5481'	-

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
1874	3 hrs.	0	-
Testing Method *(pilot, back pr.)*	**Tubing Presssure (Shut-in)**	**Casing Pressure (Shut-in)**	**Choke Size**
Back Pressure	543 psi	620 psi	3/4"

PERFORATIONS

5184-88'
5231-34'
5246-74'
5277-79'
5287-96'
5304-06'
5308-14'
5364-66'
5378-81'
5411-13'
5481-83'
5503-06'
5523-25'
5548-50'

(All 1 JSPF)

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Address: P.O. Box 3249, Englewood, CO 80155

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- [X] New Well
- [ ] Recompletion
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- Change in Transporter of:
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  - [ ] Dry Gas
  - [ ] Condensate

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Daum LS	5-M	Basin Dakota	USA SF	078329

Location
Unit Letter O : 790 Feet From The South Line and 1450 Feet From The East

Line of Section 32 Township 28N Range 9W, NMPM, San Juan County

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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	Sec.	Twp.	Rge.	Is gas actually connected?	When
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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.

Timothy R. Foote
(Signature)

Sr. Administrative Analyst
(Title)

April 9, 1986
(Date)

OIL CONSERVATION DIVISION

APPROVED MAY - 1 1986, 19

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT # 3

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12/21/85	3/18/86	7520'	7472'
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
6884' (GL)	Dakota	7296'	7398'
Perforations			**Depth Casing Shoe**
See Below			7517'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½"	13 3/8"	309'	375
12¼"	9 5/8"	3399'	1280
8 3/4"	7" liner	3258-5728'	425
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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 Presssure (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'

(All 2 JSPF)