

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

P.O. BOX 2088  
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

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FEB 06 1986  
OIL CON. DIV.  
DIST. 3

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	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Storey C LS</u>	Well No. <u>9A</u>	Pool Name, including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee <u>USA</u> <u>SF</u>	Lease No. <u>077111</u>
Location Unit Letter <u>0</u> : <u>790</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>East</u> Line of Section <u>34</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 <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Conoco Inc. Surface Transportation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 460, Hobbs, NM 88240</u>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 4990, Farmington, NM 87401</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>0</u>	Sec. <u>34</u>
	Twp. <u>28N</u>	Rge. <u>9W</u>
	is gas actually connected? <u>No</u> When <u>ASAP</u>	

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 Jolliffe  
(Signature)

Administrative Operations  
(Title)

1-31-86  
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

FEB 13, 1986  
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 Flow	DMT, Flow		

Date Spudded		11-25-86	Date Compl. Ready to Prod.	1-29-86	Total Depth	5100' KB	P.B.T.D.	4969' KB	
Elevations (D.F., RKB, RT, GR, etc.)		6337' GL	Name of Producing Formation		Mesaverde	Top Oil/Gas Pay	4290' KB	Tubing Depth	4752' KB
Perforations		*See Below							
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	250 SX (295CF)	2914' KB	450 SX (762CF)	4752' KB	
Casing		5085' KB							

12-1/4	9-5/8" CSG	302' KB	250 SX (295CF)
8-3/4	7" CSG	2914' KB	450 SX (762CF)
6-1/4	4-1/2" liner CSG	5085' KB	320 SX (490CF)
--	2-3/8" tubing	4752' 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	Oil - Bbls.	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Tubing Pressure	Casing Pressure	Choke Size			

## GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1583 mcf	3 hrs		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	350 psi	620 psi	3/4

\* 2 JSPF 28', 56 holes  
 4626-30' 4701-05'  
 4666-76' 4714-17'  
 4679-82' 4763-67' KB  
 2 JSPF 21', 42 holes  
 4290-95' 4398-402'  
 4300-02' 4412-15' KB  
 4358-62'