

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

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

NO, OF COPIES RECEIV	ED	
DISTRIBUTION		
SANTA FE		
FILE		
U.S.G.S.		
LAND OFFICE		
TRANSPORTER		
IRANSFURIER	GAS	
OPERATOR		
PRORATION OFFICE		

Operator

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

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Tenneco Oil Compa	any						
Address							
P. O. Box 3249,	Englewo	od, CO 801 <u>5</u> 5					
Reason(s) for filing (Check proper box)				Other (Please ex	plain)		
New Well Change in Transpo	orter of:						
Recompletion LX Oil		Dry Gas					
Change in Ownership Casinghead	Gas	Condensate					
f change of ownership give name and address of previous owner				- <del></del>			· · · · · · · · · · · · · · · · · · ·
I. DESCRIPTION OF WELL AND LEASE							
Lease Name	1	Pool Name, Including Forma	- / [ /4/1]	renta	Kind of Lease State, Federal or Fee		Lease No.
Sanchez	2	Undes Gall	up			Fee	
Location							
Unit Letter E : 165	50	Feet From The Nort	.h	_ Line and	550 <sub>Fe</sub>	eet From The Wes	t
Line of Section 28 To	wnship	29W	Range	10W	, NMPM,	<u>San Juan</u>	County
II. DESIGNATION OF TRANSPORTER (		D NATURAL GAS					
Name of Authorized Transporter of Oil X or Condensat			Address (Giv	e address to whic	h approved copy of this fo	erm is to be sent)	
	<u> Transpor</u>	tation	P. 0.	Box 460	, Hobbs , NM h approved copy of this fo	88240	
Name of Authorized Transporter of Casinghead Gas	or Dry Gas		1				
<u>El Paso Natural Gas</u>	T A		P. 0.	Box 499	0, Farmingto	n, NM 87499	
If well produces oil or liquids,	Sec.	Twp. Rge.	is gas actua	lly connected?	When		
give location of tanks.	28	<u>  29W   10W</u>	Yes				
f this production is commingled with that from any other le	ease or pool, give	e commingling order number					
NOTE: Complete Parts IV and V on reve	erse side if	necessary.					
VI. CERTIFICATE OF COMPLIANCE				c	OIL CONSERVATION	PAUG 02	IOOF
hereby certify that the rules and regulations of the Oil C			APPROV	ED		HUU UZ	785
with and that the information given is true and complet	e to the best of	my knowledge and belief.	BY	·	Srank)	. Jany	
(141)			TITLE		SUPE	RVISOR DISTANCE TO	3
Sitt Mixung			This form	a in to be filed in	compliance with BULLE 1:	"1	-
(Signature)			li .		compliance with RULE 1° ewable for a newly drilled	or deepened well, this fo	orm must be accom-
Senior Regulatory Anal	lyst					the well in accordance w	
(Title)			H			y for allowable on new and	
July 31, 1985				nly Section I, II, II ch change of con		wner, well name and or nu	mber, or transporter,
(Date)			13	-		n multiply completed wel	ls.
					·	•	

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Testing Method (pilot, back pr.)	Tubing Pressaure	re (Shut-in)		Casing Pressul	(ni-tud2) ə		Choke Size		
Actual Prod. Test - MCF/D	Length of Test			Bbls. Condens	ate/MMCF		Gravity of Conde	ətsəne	
BAS WELL									
Actual Prod. During Test	.eld8 - IiO			Water Bbls.			Gas · MCF		
100.4 10.1116.100	aureco i filiani			unono e fereno			272 24042		
Length of Test	Fressure Tressure			Casing Pressur			Choke Size		
Date First New Oil Run To Tanks	Date of Test			Producing Metho	od (Flow, pump. ga:	(c)te (f)(f)			
V. TEST DATA AND REQUES	BAWOJJA RO=	FE OIF ME	רד	(Test must be afi depth or be for f		o beol to emulov	il and must be equa	or exceed to	sint tot aldswolls o
						,			
ADLE SIZE	CYSII	CASING & TUBING SIZE		T38 HT930			SACKS CEMENT		
		TUBING, C	DASING, AND	CEMENTIN	е весовр		<del></del>		
Perforations							Depth Casing St	201	
appitoropad							12 paine 2 dtand		
Elevations (DF, RKB, RT, GA, etc.)	Name of Producing Formation		yed sed/iiO got			Tubing Depth			
Date Spudded	Date Compl. Ready to Prod.		Total Depth			.Q.T.8.9			
Designate Type of Completi	(x) —	Oil Well	Gas Well	New Weli	Workover	Deepen	Fing Back	Same Res'v.	Vi.Res.'v
V. COMPLETION DATA	· · · · · · · · · · · · · · · · · · ·				<del>_</del>				