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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

l.	M PARMED				
Tenneco Oil Company E & P WRMD	IN EUEN				
	U				
P. O. Box 3249, Englewood, CO 80155	SEP 06 1985				
Reason(s) for filling (Check proper box)	Other (Please explain)				
	OIL CON. DIV.				
New Well Change in Transporter of:	DIST, 3				
Recompletion Oil Dry Gas Condensate	Well Name				
Change in Ownership Casinghead Gas Condensate					
If change of ownership give name and address of previous owner El Paso Natural Gas, P.O.	Box 4990, Farmington, NM 87499				
II. DESCRIPTION OF WELL AND LEASE					
Lease Name Well No. Pool Name, Including Form	ation Kind of Lease USA Lease No. State, Federal or Fee				
Storey B LS 3 Blanco-MV	SF 078138-A				
Location					
Unit Letter Eeet From The S	Line and Feet From The				
Line of Section 5 Township 3ON	Range 11W , NMPM. San Juan County				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate X. Conoco Inc. Surface Transportation Name of Authorized Transporter of Casinghead Gas or Dry Gas X El Paso Natural Gas If well produces oil or liquids.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240 Address (Give address to which approved copy of this form is to be sent) P. O. Box 4990, Farmington, NM 87499 Is gas actually connected? When Yes				
If this production is commingled with that from any other lease or pool, give commingling order number	1				
NOTE: Complete Parts IV and V on reverse side if necessary.					
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION EP, Q 6 1985				
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.	APPROVED 3L1, 49 0 100				
Latt Make in the information given is true and complete to the desiron my knowledge and believe	TITLE SUPERVISOR DISTRICT				
(Signature)	This form is to be filed in compliance with RULE 1104.				
Sr. Regulatory Analyst	If this is a request for allowable for a newly drilled or deepened well, this form must be accordance by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
(Title)	All sections of this form must be filled out completely for allowable on new and recompleted walls.				
SEP 1 1553	Fill out only Section I, II, III, and VI for changes of owner, well name and or number, or transporte or other such change of condition.				
(Date)	Separate Forms C-104 must be filed for each pool in multiply completed wells.				

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Testing Method (pilot, back pt.)	Fresseure Presseure	Tubing Pressaure (Shut-in)		Casing Pressure (Shut-in)			Choke Size			
Actual Prod. Test - MCF/D	Length of Test	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
AS WELL										
Actual Prod Dunng Test	Oil - Bbls.			Water · Bbls.			Gas · MCF			
tea∓ ìo ritgned	Fressure Pressure				Pressure			Сурке Зіде		
Date First New Oil Run To Tanks	Date of Test				Producing Method (Flow, pump, gas lift, etc.)					
Y. TEST DATA AND REQUES	T FOR ALLOWABI	BLE OIL WEL	٦	hs ad izum izaT) it 101 ad 10 hiqab	er recovery of tota ill 24 hours)	beol to amulov Is	upe ed taum bns lio	nal to or exceed to	10; əldewolle q	
HOLE SIZE	CASII	CASING & TUBING SIZE			T38 HT930		SACKS CEMENT			
		TUBING, CA	NA ,DNISA	D CEMENTIN	е весовр		 			
Pertorations					·		Depth Casing 5	9045		
Elevations (DF, RKB, AT, GR. etc.)	Name of Produci	Name of Producing Formation		Yeq seg\iiO doT		flepth Depth				
Date Spudded	Date Compl. Rea	Date Compl. Ready to Prod.		Total Depth			.0.1.8.9			
Designate Type of Completi	signate Type of Completion — (X)		Gas Well	New Well	Workover	Deepen	blng Back	Same Res'v.	v.zeA .hid	
V. COMPLETION DATA Designate Type of Completi	(X) — uc	Oil Well	lleW ssÐ	New Well	Могкочег	Deepen	Hing Back	Same Res'v.	_	