

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

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NOV 15 1985
OIL CON. DIV.
DIST. 3

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)
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate <input type="checkbox"/> Casinghead Gas
Dual to Fruitland Coal	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gartner LS	Well No. 5A	Pool Name, Including Formation Undes Fruitland Coal	Kind of Lease State, Federal or Fee USA	Lease No. 080547
Location				
Unit Letter F : 1515 Feet From The North Line and 1500 Feet From The West				
Line of Section 27 Township 30N Range 8W NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

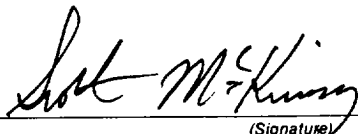
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Conoco Inc. Surface Transportation	P.O. Box 460, Hobbs, NM 88240
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co.	P.O. Box 4990, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit F Sec. 27 Twp. 30N Rge. 8W	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.



Senior Regulatory Analyst

(Title)

11/11/85

(Date)

OIL CONSERVATION DIVISION

JAN 22 1986

APPROVED _____

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 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	XX	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v	XX
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Date Spudded		11/9/77		Date Compl. Ready to Prod.		11/1/85		Total Depth		5290' KB		P.B.T.D.		5273' KB	
Elevations (D.F., R.K.B., RT, G.R., etc.)		5881' GL		Name of Producing Formation		Fruitland Coal		Top Oil/Gas Pay		2497' KB		Tubing Depth		2624' KB	
Perforations		2 JSPF 60' 120 holes		2497-2517, 2536-52', 2560-64', 2570-74', 2579-84', 2611-22' KB											
TUBING, CASING, AND CEMENTING RECORD															
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT									
12 1/4"		9 5/8" csg		232' KB		224 CF									
8 3/4"		7" csg		3002' KB		353 CF									
6 1/4"		4 1/2" csg liner		2850-5290' KB		430 CF									
		1 1/4" tbg		2624' 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		Tubing Pressure		Casing Pressure		Choke Size					
Actual Prod. During Test		Oil - Bbls.		Water - Bbls.		Gas - MCF					

GAS WELL

Actual Prod. Test - MCF/D	593	Length of Test	3 hrs	Bbls. Condensate/MMCF		Gravity of Condensate	
Testing Method (pilot, back pr.)		Tubing Pressure (Shut-in)	1250	Casing Pressure (Shut-in)	1240	Choke Size	3/4"
Back Pressure							