

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
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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

RECEIVED
SEP 06 1985

OIL CON. DIV.
DIST. 3

I. Operator Tenneco Oil Company E & P WRMD	
Address P. O. Box 3249, Englewood, CO 80155	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input checked="" type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input checked="" type="checkbox"/> Condensate
Well Name	

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 Gartner LS	Well No. 5 A	Pool Name, Including Formation Blanco-MV	Kind of Lease State, Federal or Fee USA SF	Lease No. 080597
Location Unit Letter F : 1515 Feet From The N Line and 1500 Feet From The W Line of Section 27 Township 30N Range 8W NMPM San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

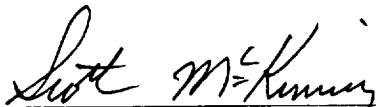
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead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

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.


(Signature)

Sr. Regulatory Analyst

(Title)

SEP 1 1985

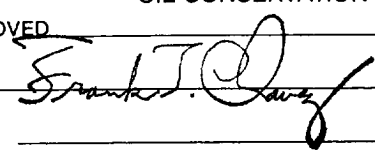
(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE



SUPERVISOR DISTRICT #

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, Res'y.	Drl. Res'y.		

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.	
Elevations (D.F., RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	Perforations
TUBING, CASING, AND CEMENTING RECORD				

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	

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	
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	

EL PASO NATURAL GAS COMPANY DEVIATION REPORT

Name Of Company EL PASO NATURAL GAS CO.				Address BOX 990, FARMINGTON, NEW MEXICO			
Lease GARTNER	Well No. 5A	Unit Letter E	Section 27	Township 30-N	Range 8-W		
Pool BLANCO MESA VERDE				County SAN JUAN			

DEPTH

DEVIATION

233'

1°

550'

3/4°

811'

1°

1539'

1°

2093'

1°

2686'

1°

3750'

1°

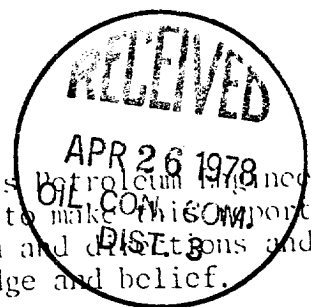
4598'

1°

5290'

1°

I, the undersigned, certify that I, acting in my capacity as Petroleum Engineer of El Paso Natural Gas Company, am authorized by said Company to make this report; and that this report was prepared by me or under my supervision and directions and that the facts stated therein are true to the best of my knowledge and belief.



W. H. Dawson

Subscribed and sworn to before me this _____ day of _____, 197

Rosa B. Duise
Notary Public in and for San Juan County, New Mexico

My commission expires October 5, 1980

EL PASO NATURAL GAS COMPANY
OPEN FLOW TEST DATA

DATE March 21, 1978

Operator El Paso Natural Gas Company		Lease Gartner #5-A	
Location NW 27-30-08		County San Juan	State New Mexico
Formation Mesa Verde		Pool Blanco	
Casing: Diameter 4 1/2	Set At: Feet 5290'	Tubing: Diameter 2 3/8	Set At: Feet 5213'
Pay Zone: From 4188	To 5232	Total Depth: 5290'	Shut In 3-14-78
Stimulation Method Sandwater Frac		Flow Through Casing	Flow Through Tubing

Choke Size, Inches		Choke Constant: C			
Shut-In Pressure, Casing, PSIG 613	+ 12 = PSIA 625	Days Shut-In 7	Shut-In Pressure, Tubing PSIG 329	+ 12 = PSIA 341	
Flowing Pressure: P PSIG	+ 12 = PSIA		Working Pressure: P _w PSIG	+ 12 = PSIA	
Temperature: T = °F F _t =	n =		F _{pv} (From Tables)	Gravity F _g =	

$$\text{CHOKE VOLUME} = Q = C \times P_i \times F_t \times F_g \times F_{pv}$$

$$Q = \text{_____ MCF/D}$$

$$\text{OPEN FLOW} = Aof = Q \left(\frac{P_c^2}{P_c^2 - P_w^2} \right)^n$$

$$Aof = \left(\text{_____} \right)^n =$$

$$Aof = \text{_____ MCF/D}$$

TESTED BY N. Waggoner

WITNESSED BY _____

C.R. Waggoner
Well Test Engineer

