

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

**RECEIVED**  
SEP 06 1985

OIL CON. DIV.  
DIST. 3

Operator  
Tenneco Oil Company ~~E & P~~ WRMD

Address  
P. O. Box 3249, Englewood, CO 80155

Reason(s) for filing (Check proper box)

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

Other (Please explain)

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 <b>Kernaghan LS</b>	Well No. <b>4 A</b>	Pool Name, Including Formation <b>Blanco-MV</b>	Kind of Lease State, Federal or Fee <b>USA SF</b>	Lease No. <b>078387-A</b>
Location Unit Letter <b>P</b> : <b>830</b> Feet From The <b>S</b> Line and <b>890</b> Feet From The <b>E</b> Line of Section <b>30</b> Township <b>31N</b> Range <b>8W</b> , NMPM. <b>San Juan</b> 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"/> <b>Conoco Inc. Surface Transportation</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 460, Hobbs, NM 88240</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>El Paso Natural Gas</b>	Address (Give address to which approved copy of this form is to be sent) <b>P. O. Box 4990, Farmington, NM 87499</b>	
If well produces oil or liquids, give location of tanks.	Unit <b>P</b>	Sec. <b>30</b>
	Twp. <b>31N</b>	Rge. <b>8W</b>
	Is gas actually connected? <b>Yes</b> 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

APPROVER

BY

TITLE

SEP 06 1985

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 Resv.	Diff. Resv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		Tubing Depth			
Elevations (D.F., RKB, RT, GR, etc.)		Name of Producing Formation		Top Oil/Gas Pay		Depth Casing Shoe			
Perforations									
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

#### V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

Date First New Oil Run To Tanks		Date of Test	Producing Method (Flow, pump, gas lift, etc.)		Length of Test		Actual Prod. During Test	
Oil - Bbls.		Water - Bbls.		Gas - MCF		Casing Pressure		Choke Size
Tubing Pressure		Casing Pressure		Actual Prod. Test - MCF/D		Testing Method (pilot, back pr.)		

#### GAS WELL

Actual Prod. Test - MCF/D		Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate	
Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size			