

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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

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U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRORATION OFFICE	

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
OCT 30 1985  
OIL CON. DIV. I  
DIST. 3

I. 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	<input type="checkbox"/> Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate Dual to Fruitland Coal

If change of ownership give name  
and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Kernaghan LS	Well No. 1A	Pool Name, Including Formation Blanco Undes. Fruitland Coal	Kind of Lease State, Federal or Fee USA SF	Lease No. 078387A
Location Unit Letter <u>E</u> : <u>1460</u> Feet From The <u>North</u> Line and <u>840</u> Feet From The <u>West</u> Line of Section <u>33</u> Township <u>31N</u> Range <u>8W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

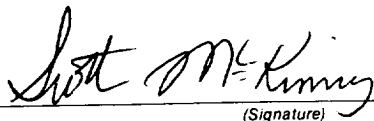
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Conoco Inc. Surface Transportation	Address (Give address to which approved copy of this form is to be sent) P. O. Box 460, Hobbs, NM 88240					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	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 <u>E</u>	Sec. <u>33</u>	Twp. <u>31N</u>	Rge. <u>8W</u>	Is gas actually connected? <u>No</u>	When <u>ASAP</u>

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)

Senior Regulatory Analyst  
(Title)

10/24/85  
(Date)

OIL CONSERVATION DIVISION

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	New Well	Workover	Deepen	Plug Back	Same Res.v.	Dif. Res.v.		

Date Spudded	10/11/77	Date Compl. Ready to Prod.	10/16/85	Total Depth	6016' KB	P.B.T.D.	5999' KB	Elevations (D.F., RKB, RT, GR, etc.)	6475' KB
Name of Producing Formation		Fruitland Coal		Top Oil/Gas Pay		3169' KB		Tubing Depth	
Perforations		2 JSPF, 48", 96 holes		3169-76', 3228-44', 3286-97', 3300-14' KB		Depth Casing Shoe			

HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT	
12 1/4"	9 5/8" csg	237' KB	295 CF	3616' KB	290 CF	3461-6016' KB	440 CF
8 3/4"	7" csg	3616' KB	290 CF	3461-6016' KB	440 CF	3461-6016' KB	440 CF
6 1/4"	4 1/2" csg liner	3461-6016' KB	440 CF	3461-6016' KB	440 CF	3461-6016' KB	440 CF
	1 1/4" tbq	3313' KB		3313' KB		3313' 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	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	Testing Method (pilot, back pr.)	1373	Back Pressure	1460	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	1460	Choke Size	3/4"
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